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SOME PSYCHOLOGICAL CONSEQUENCES OF THE ANATOMICAL DISTINCTION BETWEEN THE SEXES [1]

BY

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In my own writings and in those of my followers more and more stress is laid upon the necessity for carrying the analyses of neurotics back into the remotest period of their childhood, the time at which sexual life reaches the climax of its early development. It is only by examining the first manifestations of the patient's innate instinctual constitution and the effects of his earliest experiences that we can accurately gauge the motive forces that have led to his neurosis and can be secure against the errors into which we might be tempted by the degree to which they have become remodelled and overlaid in adult life. This requirement is not only of theoretical but also of practical importance, for it distinguishes our efforts from the work of those physicians whose interests are focussed exclusively upon therapeutic results and who employ analytic methods but only up to a certain point. An analysis of early childhood such as we are considering is tedious and laborious and makes demands both upon the physician and upon the patient which cannot always be met. Moreover it leads us into dark regions where there are as yet no sign posts. Indeed, analysts may feel reassured, I think, that there is no risk of their work becoming mechanical and so of losing its interest during the next few decades.

In the following pages I bring forward some findings of analytical research which would be of great importance if they could be proved to apply universally. Why do I not postpone publication of them until further experience has given me the necessary proof, if such proof is

[1] Read by proxy before the Ninth International Congress of Psycho-Analysis at Homburg, September, 1925.

obtainable? Because the conditions under which I work have undergone a change, with implications which I cannot disguise. Formerly I was never one of those who are unable to hold back what seems to be a new discovery until it has been either confirmed or corrected. My *Traumdeutung* and my 'Fragment of an Analysis of a Case of Hysteria' (the case of Dora) were suppressed by me—if not for the nine years enjoined by Horace—at all events for four or five years before I allowed them to be published. But in those days I had unlimited time before me and material poured in upon me in such quantities that fresh experiences were hardly to be escaped. Moreover I was the only worker in a new field, so that my reticence involved no danger to myself and no risk of loss to others.

But now everything has changed. The time before me is limited. The whole of it is no longer spent in working, so that my opportunities for making fresh observations are not so numerous. If I think I see something new, I am uncertain whether I can wait for it to be confirmed. And further, everything that is to be seen upon the surface has already been exhausted; what remains has to be slowly and laboriously dragged up from the depths. Finally, I am no longer alone. An eager crowd of fellow-workers is ready to make use of what is unfinished or doubtful, and I can leave to them that part of the work which I should otherwise have done myself. On this occasion, therefore, I feel justified in publishing something which stands in urgent need of confirmation before its value or lack of value can be decided.

In examining the earliest mental shapes assumed by the sexual life of children we have been in the habit of taking as the subject of our investigations the male child, the little boy. With little girls, so we have supposed, things must be similar, though in some way or other they must nevertheless be different. The point in their development at which this difference lay could not clearly be determined.

In boys the situation of the Œdipus complex is the first stage that can be recognized with certainty. It is easy to understand, because at that stage a child retains the same object which it previously cathected with its pre-genital libido during the preceding period while it was being suckled and nursed. The further fact that in this situation it regards its father as a disturbing rival and would like to get rid of him and take his place is a straightforward consequence of the actual state of affairs. I have shown elsewhere [2] how the Œdipus attitude

[2] 'The Passing of the Œdipus Complex' (1924), *Collected Papers*, Vol. II.

in little boys belongs to the phallic phase, and how it succumbs to the fear of castration, that is, to narcissistic interest in their own genitals. The matter is made more difficult to grasp by the complicating circumstance that even in boys the Œdipus complex has a double orientation, active and passive, in accordance with their bisexual constitution ; the boy also wants to take his mother's place as the love-object of his father—a fact which we describe as the feminine attitude.

As regards what precedes the Œdipus complex in boys we are far from complete clarity. We know that this prehistoric period includes an identification of an affectionate sort with the boy's father, an identification which is still free from any sense of rivalry in regard to his mother. Another element of this stage is invariably, I believe, a masturbatory stimulation of the genitals, the onanism of early childhood, the more or less violent suppression of which by the persons in charge of the child sets the castration complex in action. It is to be assumed that this onanism is attached to the Œdipus complex and serves as a discharge for the sexual excitation belonging to it. It is, however, uncertain whether the onanism has this character from the first, or whether on the other hand it makes its first appearance spontaneously as an ' organ activity ' and is only brought into relation with the Œdipus complex at some later date ; this second possibility is by far the more probable. Another doubtful question is the part played by bed-wetting and by the breaking of that habit through the intervention of educational measures. We are inclined to adopt the simple generalization that continued bed-wetting is a result of onanism and that its suppression is regarded by boys as an inhibition of their genital activity, that is, as having the meaning of a threat of castration : but whether we are always right in supposing this remains to be seen. Finally, analysis shows us in a shadowy way how the fact of a child at a very early age listening to its parents copulating may set up its first sexual excitation, and how that event may, owing to its after-effects, act as a starting-point for the child's whole sexual development. Onanism, together with the two attitudes in the Œdipus complex, later on become attached to this impression, the child having subsequently interpreted its meaning. It is impossible, however, to suppose that these observations of coitus are of universal occurrence, so that at this point we are faced with the problem of ' primal phantasies '. Thus the history of what precedes the Œdipus complex, even in boys, raises all of these questions to be sifted and explained ;

and there is the further problem of whether we are to suppose that the process invariably follows the same course, or whether a great variety of different preliminary stages may not converge upon the same final situation.

In little girls the Œdipus complex raises one problem more than in boys. In both cases the mother is the original object ; and there is no cause for surprise that boys retain that object in the Œdipus complex. But how does it happen that girls abandon it and instead take their father as an object ? In pursuing this question I have been able to reach some conclusions which may throw some light upon what precedes the Œdipus relation in girls.

Every analyst has come across certain women who cling with especial intensity and tenacity to the bond with their father and to the wish in which it culminates of having a child by him. We have good reason to suppose that the same wish-phantasy was also the motive force of their infantile onanism, and it is easy to form an impression that at this point we have been brought up against an elementary and unanalysable fact of infantile sexual life. But a thorough analysis of these very cases brings something different to light ; namely, that here there is a long history previous to the Œdipus complex, and that that complex is in some respects a secondary formation.

The old children's doctor Lindner once remarked [3] that a child discovers the genital zones (the penis or the clitoris) as a source of pleasure during the period at which it indulges in sucking for pleasure (thumb-sucking). I shall leave it an open question whether it is really true that the child takes the newly found source of pleasure in exchange for the recent loss of its mother's nipple—a possibility to which later phantasies (fellatio) seem to point. Be that as it may, the genital zone is discovered at some time or other, and there seems no justification for attributing any mental content to its first stimulations. But the first step in the phallic phase which begins in this way is not the linking-up of the onanism with the object-cathexes of the Œdipus situation, but a momentous discovery which it is the lot of little girls to make. They notice the penis of a brother or playmate, strikingly visible and of large proportions, at once recognize it as the superior counterpart of their own small and inconspicuous organ, and from that time forward fall a victim to penis-envy.

There is an interesting contrast between the behaviour of the two

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[3] Cf. *Drei Abhandlungen zur Sexualtheorie.*

sexes. In the analogous situation, when a little boy first catches sight of a girl's genital region, he begins by showing irresolution and lack of interest ; he sees nothing or disowns what he has seen, he softens it down or looks about for expedients to bring it into line with his expectations. It is not until later, when some threat of castration has obtained a hold upon him, that the observation becomes important to him : if he then recollects or repeats it, it arouses a terrible storm of emotion in him and forces him to believe in the reality of the threat which he has hitherto laughed at. This combination of circumstances leads to two reactions, which may become fixed and will in that case, whether separately or together or in conjunction with other factors, permanently determine the boy's relations to women ; horror at the mutilated creature or triumphant contempt for her. These developments, however, belong to the future, though not to a very remote one.

The little girl behaves differently. She makes her judgment and her decision in a flash. She has seen it and knows that she is without it and wants to have it.[4]

From this point there branches off what has been named the masculinity complex of women, which may put great difficulties in the way of their regular development towards femininity, if it cannot be got over soon enough. The hope of some day obtaining a penis in spite of everything and so of becoming like a man may persist to an incredibly late age and may become a motive for the strangest and otherwise unaccountable actions. Or again, a process may set in which might be described as a 'denial', a process which in the mental life of children seems neither uncommon nor very dangerous but which in an adult would mean the beginning of a psychosis. Thus a girl may refuse to accept the fact of being castrated, may harden herself in the conviction that she *does* possess a penis and may subsequently be compelled to behave as though she were a man.

The psychological consequences of penis-envy, in so far as it does not become absorbed in the reaction-formation of the masculinity

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[4] This is an opportunity for correcting a statement which I made many years ago. I believed that the sexual interest of children, unlike that of pubescents, was aroused, not by the difference between the sexes, but by the problem of where babies come from. We now see that, at all events with girls, this is certainly not the case. With boys it may no doubt happen sometimes one way and sometimes the other ; or with both sexes chance experiences may determine the event.

complex, are various and far-reaching. After a woman has become aware of the wound to her narcissism, she develops, like a scar, a sense of inferiority. When she has passed beyond her first attempt at explaining her lack of a penis as being a punishment personal to herself and has realized that that sex character is a universal one, she begins to share the contempt felt by men for a sex which is the lesser in so important a respect, and, so far at least as maintaining this judgment is concerned, she clings obstinately to being like a man.[5]

Even after penis-envy has abandoned its true object it continues to exist: by an easy displacement it persists in the character-quality of *jealousy*. Of course jealousy is not limited to one sex and has a wider foundation than this, but I am of opinion that it plays a far larger part in the mental life of women than of men and that that is because it is enormously reinforced from the direction of displaced penis-envy. While I was still unaware of this source of jealousy, I was considering the phantasy ' a child is being beaten ', which occurs so commonly in girls, and constructed a first phase for it in which its meaning was that another child, a rival of whom the subject was jealous, was to be beaten.[6] This phantasy seems to be a relic of the phallic period in girls. The peculiar rigidity which struck me so much in the monotonous formula ' a child is being beaten ' can probably be interpreted in a special way. The child which is being beaten (or caressed) may at bottom be nothing more nor less than the clitoris

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[5] In my first critical account of the ' History of the Psycho-Analytic Movement ', written in 1913 (*Collected Papers*, Vol. I.), I recognized that this fact represents the core of truth contained in Adler's theory. That theory makes no bones about explaining the whole world by this single point (' organ-inferiority ', the masculine protest, breaking away from the feminine line of development) and prides itself upon having in this way robbed sexuality of its importance and put the desire for power in its place. Thus the only organ which could claim without any ambiguity to be called ' inferior ' would be the clitoris. On the other hand, one hears of analysts who boast that, though they have worked for dozens of years, they have never found a sign of the existence of a castration complex. We must bow our heads in recognition of the greatness of this achievement, even though it is only a negative one, a piece of virtuosity in the art of overlooking and misconceiving. The two theories form an interesting pair of opposites: in one of them not a trace of a castration complex, in the other nothing at all but its effects.

[6] ' A Child is being Beaten ' (1919), *Collected Papers*, Vol. II.

itself, so that at its very lowest level the statement will contain a confession of masturbation, which has remained attached to the content of the formula from its beginning in the phallic phase up to the present time.

A third consequence of penis-envy seems to be a loosening of the girl's relation with her mother as a love-object. The situation as a whole is not very clear, but it can be seen that in the end the girl's mother, who sent her into the world so insufficiently equipped, is almost always held responsible for her lack of a penis. The way in which this comes about historically is often that soon after the girl has discovered that her genitals are unsatisfactory she begins to show jealousy of another child on the ground that her mother is fonder of it than of her, which serves as a reason for her giving up her affectionate relation to her mother. It will fit in with this if the child which has been preferred by her mother is made into the first object of the beating-phantasy which comes to a head in masturbation.

There is yet another surprising effect of penis-envy, or of the discovery of the inferiority of the clitoris, which is undoubtedly the most important of all. In the past I had often formed an impression that in general women tolerate masturbation worse than men, that they more frequently fight against it and that they are unable to make use of it in circumstances in which a man would seize upon it as a refuge without any hesitation. Experience would no doubt elicit innumerable exceptions to this statement, if we attempted to turn it into a rule. The reactions of human individuals of both sexes are of course made up of masculine and feminine traits. But it appeared nevertheless as though masturbation were further removed from the nature of women than of men, and the solution of the problem could be assisted by the reflection that masturbation, at all events of the clitoris, is a masculine activity, and that the abolition of clitoris sexuality is a necessary pre-condition for the development of femininity. Analyses of the remote phallic period have now taught me that in girls, soon after the first signs of penis-envy, an intense current of feeling against onanism makes its appearance, which cannot be attributed exclusively to the educational influence of the persons in charge of the child. This impulse is clearly a forerunner of the wave of repression which at puberty will do away with a large amount of the girl's masculine sexuality in order to make room for the development of her femininity. It may happen that this first opposition to auto-erotic stimulation fails to attain its end. And this was in fact

the case in the instances which I analysed. The conflict continued, and both then and later the girl did everything she could to free herself from the compulsion to masturbate. Many of the later manifestations of sexual life in women remain unintelligible unless this powerful motive is recognized.

I cannot explain the opposition which is raised in this way by little girls to phallic onanism except by supposing that there is some concurrent factor which turns her violently against that pleasurable activity. Such a factor lies close at hand in the narcissistic soreness which is bound up with penis-envy, the girl's reflection that after all this is a point on which she cannot compete with boys and that it would therefore be best for her to give up the idea of doing so. Thus the little girl's recognition of the anatomical distinction between the sexes forces her away from masculinity and masculine onanism on to new lines which lead to the development of femininity.

So far there has been no question of the Œdipus complex, nor has it up to this point played any part. But now the girl's libido slips into a new position by means—there is no other way of putting it—of the equation 'penis = child'. She gives up her wish for a penis and puts in place of it a wish for a child: and *with this object in view* she takes her father as a love-object. Her mother becomes the object of her jealousy. The girl has turned into a little woman. If I am to credit a single exaggerated analytic instance, this new situation can give rise to physical sensations which would have to be regarded as a premature awakening of the female genital apparatus. If the girl's tie with her father comes to grief later on and has to be abandoned, it may give place to an identification with him and the girl may thus return to her masculinity complex and perhaps remain fixated in it.

I have now said the essence of what I had to say: I will stop, therefore, and cast an eye over our findings. We have gained some insight into the history of what precedes the Œdipus complex in girls. The corresponding period in boys is more or less unknown. In girls the Œdipus complex is a secondary formation. The operations of the castration complex precede it and prepare for it. As regards the relation between the Œdipus and castration complexes there is a fundamental contrast between the two sexes. *Whereas in boys the Œdipus complex succumbs to the castration complex,*[7] *in girls it is made*

[7] 'The Passing of the Œdipus Complex' (1924), *Collected Papers*, Vol. II.

possible and led up to by the castration complex. This contradiction is cleared up if we reflect that the castration complex always operates in the sense dictated by its subject-matter; it inhibits and limits masculinity and encourages femininity. The difference between the sexual development of men and women at the stage we have been considering is an intelligible consequence of the anatomical distinction between their genitals and of the mental situation involved in it; it corresponds to the difference between a castration that has been carried out and one that has merely been threatened. In their essentials, therefore, our findings are something self-evident that it should have been possible to foresee.

The Œdipus complex, however, is such an important thing that the manner in which one enters and leaves it cannot be without its effects. In boys (as I have shown at length in the paper to which I have just referred and to which all of my present remarks are closely related) the complex is not simply repressed, it is literally smashed to pieces by the shock of threatened castration. Its libidinal cathexes are abandoned, desexualized and in part sublimated: its objects are incorporated into the ego, where they form the nucleus of the super-ego and give this new formation its characteristic qualities. In normal, or rather, in ideal cases the Œdipus complex exists no longer, even in the unconscious; the super-ego has become its heir. Since the penis (in Ferenczi's sense) owes its extraordinarily high narcissistic cathexis to its organic significance for the propagation of the species, the catastrophe of the Œdipus complex (the abandonment of incest and institution of conscience and morality) may be regarded as a victory of the race over the individual. This is an interesting point of view when one consider that neurosis is based upon a struggle of the ego against the demands of the sexual function. But to leave the standpoint of individual psychology is not likely to help very much in clarifying an already complicated situation.

In girls the motive for the destruction of the Œdipus complex is lacking. Castration has already had its effect, which was to force the child into the situation of the Œdipus complex. Thus the Œdipus complex escapes the fate which it meets with in boys: it may either be slowly abandoned or got rid of by repression, or its effects may persist far into what is for women a normal mental life. I cannot escape the notion (though I hesitate to give it expression) that for women the level of what is ethically normal is different from what it is in men. Their super-ego is never so inexorable, so impersonal,

so independent of its emotional origins as we require it to be in men. Character-traits which critics of every epoch have brought up against women—that they show less sense of justice than men, that they are less ready to submit to the great necessities of life, that they are more often influenced in their judgments by feelings of affection or hostility —all of these would be amply accounted for by the modification in the formation of their super-ego which we have already inferred. We must not allow ourselves to be deflected from such judgments by the denials of the feminists, who are anxious to force us to admit complete equality in the position and worth of the sexes: but we shall, of course, willingly agree that the majority of men are also far behind the masculine ideal and that all human individuals, as a result of their bisexual disposition and of cross-inheritance, combine in themselves both masculine and feminine characteristics, so that pure masculinity and femininity remain theoretical constructions of uncertain content.

I am inclined to set some value on the considerations I have brought forward upon the psychological consequences of the anatomical distinction between the sexes. I am aware, however, that this opinion can only be maintained if my findings, which are based on a handful of cases, turn out to have general validity and to be typical. If not, they would remain as a contribution to our knowledge of the different paths along which sexual life develops.

In the valuable and comprehensive studies upon the masculinity and castration complex in women by Abraham, Horney and Helene Deutsch [8] there is much that touches closely upon what I have written but nothing that coincides with it completely, so that here again I feel justified in publishing this paper.

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[8] Abraham, 'Manifestations of the Female Castration Complex' (1921), *Selected Papers*; Horney, 'On the Genesis of the Castration Complex in Women' (1923), INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS, Vol. VI., 4; Helene Deutsch, *Psychoanalyse der weiblichen Sexualfunktionen*, Vienna, 1925.

CONTRIBUTIONS TO CASE HISTORY[1]

A Case of Borrowed Sense of Guilt

BY

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The patient, a man of forty-two years of age, an artist, came under my treatment, at the beginning of June last year, in a rather singular way. He had been having sexual relations with one of his pupils, whom he had sent to me because she showed symptoms of anxiety. I undertook her treatment, but it soon appeared that her teacher was by far the more serious case. I let him know that her cure was possible only if he too submitted himself to a course of treatment. He thereupon confessed that he had really advised his pupil to undergo treatment because he himself wished to be treated by her. He had the idea that after a short time a patient would understand enough of analysis to be able to treat another. He would never, he said, of his own accord have sought a doctor and resorted to treatment. Half of his wish was thus fulfilled ; in a roundabout way, by means of his pupil, he had become my patient.

Even the external appearance of the man was striking : he had a pedantically methodical mode of attire for a poorly-clad person, and looked, too, distinctly younger than he really was. His manner of speaking was very polite and careful, and he very seldom showed any affect in the analysis. Now and again a slight groan escaped his lips when he was talking without reserve about particularly trying domestic events. From the very first, when he entered or left the consulting-room, he put everything on the sofa scrupulously in order.

Something like the following picture of his life-history developed in the course of the analysis :

He was born, the eldest son of a distinguished artist, in the same province in which he afterwards lived. His uncle—his father's brother—as well as his mother, had the same calling as his father. A second boy was born when he was a year and a half old, and a girl when he was four.

The children remained at home till they entered the high school ; then the parents travelled about for a considerable time, and the boys went to live in the capital city of a small state, where they attended the intermediate school.

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[1] Read before the Berlin Psycho-Analytical Society, March 28, 1925.

When he was fourteen he produced his first work. He showed it to his father, but destroyed it soon after.

He then studied in the art school of which his father was director. Later on he was appointed teacher in the same institute. After some time the school fell into financial difficulties and his father resolved to share the management with another director—an undistinguished man, who, however, possessed the money that was needed to free the undertaking from its material encumbrances. He was greatly offended at this step of his father's, got on very badly with the new director, and finally gave up his position as teacher in the institute.

He married in his twenty-third year. His wife died in childbed within a year. A girl was the fruit of this short but happy union.

He married a second time when he was twenty-seven, three years after the death of his first wife. After his first marriage he was professionally employed in various places, but always in positions that gave him neither mental nor material satisfaction.

Even before his first marriage he was subject to a tormenting sexual excitability. He quite capriciously formed innumerable sexual relations with all sorts of women and girls. The mere fact that a woman was in the least erotically inclined towards him was sufficient to furnish him with the occasion for a sexual adventure. He did almost no work at all for himself; he formed all kinds of large projects, but always came to a halt in the preparations for them. He slept half the day, and employed the remainder of his time in his love-affairs. At the same time he cursed his fate, which he made responsible for the fact that everything he attempted was unsuccessful. Here he completely overlooked the fact that this was precisely what he meant to happen.

The choice of his second wife shows how he played into the hands of what he called his fate.

Soon after the marriage it became evident that his wife was a pathological spendthrift. She never gave a thought to where money came from, always spent more than her husband earned, and in the end she either pawned or sold, bit by bit, all their furniture. She was besides extremely unmethodical; the household went downhill, nothing was repaired, nothing was kept in order. Living thus in the most squalid surroundings he had several children by this wife.

His material ruin was certainly not wrought by his wife alone; he himself had quite definite ways of getting rid of the little money he possessed. As he expressed it himself, he could not say 'No.' On one

occasion, just when he was again particularly short of money, an agent for wines called on him. Although he was by no means specially fond of drinking, simply in order not to give the man a denial—equivalent to ' in order not to forfeit his favour '—he bought from him a large quantity of wine, the payment of which was for a long time a heavy burden to him. An exactly similar thing happened on another occasion with an insurance agent ; and in this way he fell more and more deeply into debt.

His life was thus inwardly and outwardly beset with failure. Everything he resolved to do proved unsuccessful ; even in his profession he failed completely ; he quarrelled with his superiors, and was unable to achieve with his pupils the results he aimed at ; the performances of the men who worked under his tuition were of a distinctly inferior order. He had always the feeling that there was some evil power working against him.

In his intercourse with his pupils his conduct had a certain resemblance to his relations with people who asked him for money. When he noticed that any work was badly executed and discovered that a request for a repetition was met with reluctance, he became irresolute and could not bring himself to make the request again ; the danger of not being loved was too great and was willingly exchanged for failure.

Despite his marriage he had the most diverse sexual relations with nearly all his pupils, and became positively notorious for his dissolute mode of living.

There was only one period of his life with which he was satisfied and in which he had the feeling that he could use his powers in a way that was worthy of them ; that was when he was a soldier during the war. In this situation he was quite able to make himself beloved by his superiors and comrades, was thoroughly capable, trustworthy and punctual, and in large measure abstained from hampering the development of his career by any entanglements. He was not, in fact, a soldier by profession ; promotion in such a career could make no disturbing claims upon him, for it had no lasting consequences. When the war came to an end he was able to set to work once more in his pursuit of misfortune.

Until the beginning of the war he was employed in the art school already mentioned. During the war his father died—and shortly afterwards his mother also. When the war was over he did not return to the institute, but worked at his profession privately.

In the years following the war his condition showed a slight improvement, which was connected with his father's death; he no longer fell back simply on the idea that it was his fate to be wrecked, but frequently attempted to fight against this idea by various 'training cures'. These attempts had undoubtedly a compulsive character. Thus, e.g., he forced himself to rise at four o'clock in the morning and walk several hours before breakfast. He repeatedly made short lived attempts to bring his finances into order; but he came to a halt with this project. The short time during the day that was left at his disposal by his lateness in rising he employed for the most part in 'preparations', and the regulation of his financial affairs got no further than his writing down very neatly the names of all the people to whom he owed money; and, as it was, his liabilities were so involved that it really often took him hours to make a documentary statement of them. The first serious attempt he made to get out of his difficulties was the result of his acquaintance with the girl mentioned previously, through whom he came under analytical treatment.

When we glance over this somewhat sketchy history of our patient's life, we are specially struck with the following details: we can establish the fact of a suffering, passive attitude to life. He chose his second marriage in such a way that as a result his livelihood was almost completely destroyed. In his profession he so engineered things that thereby his external circumstances continually grew worse and worse. The ambitious endeavours that he made were rendered futile by the inhibition of work that set in almost immediately after them.

Further, we are struck by his dissolute sexual life, in which the pupil as sexual object appears to have a special significance.

The analysis of our patient had, accordingly, to face the task of solving the riddle of his disadvantageous attitude to life, i.e. of his sexual peculiarity, and to free him from it.

Very soon in the patient's analysis there stood out in strong relief his enormous castration-anxiety and his endeavour to overcome this by contrivances of the most diverse kind. His conduct in this regard extended beyond the more limited genital region, to his whole sexual life, indeed to his whole mode of existence. Nearly all the component instincts became in their erotic activities, i.e. in their sublimated results as character-traits, an immense stage on which were enacted the conflicts of his castration-complex, expressed in either a regressive or a sublimated form.

I now give in loose connection the following analytical material, which illustrates this behaviour of the patient in the events of his later life, as well as in the typical occurrences and experiences of his childhood, and, at the same time, gives us a glimpse into the history of its origin. I will also mention here some details, the essential significance of which does not consist in their relation to the castration-complex, but which, neverthelsss, for the sake of simplicity ought to be discussed just in this connection.

The patient related several facts and incidents that occurred when he was a child, to which he had even then reacted with a strong castration-anxiety, i.e. which were calculated to increase his dread of castration.

At school his inability to read what was written on the black-board caused him great trouble ; but he was ashamed to confess his physical defect. Ultimately the teacher noticed it ; he was provided with glasses, and the mischief was in part remedied. A more serious defect seemed to be his inguinal hernia ; in this case also he took the most anxious care lest any one should get to know about it. He had broken his collar bone by a violent fall on a stair, and as a result he had the idea that he was completely crippled.

One of these incidents happened in his fourth year and furnished him with an almost actual experience of the castration trauma. A servant girl was then ill with scarlet fever. His father was very punctilious and disinfected everything with carbolic lotion—the chamber-pot of our patient with the rest. Some of the corrosive fluid had apparently remained adhering to the rim of the vessel, and in this way had inflamed the patient's scrotum. Even this injury he wished to conceal at first ; but the inflammation was too painful and had to be confessed. He was not only very unhappy about the injury, he had also the feeling that his father, who nursed him during his illness, was to blame for it. We may surmise here that the child's unconscious recognized the father's unconscious—his castration-tendency—proceeded to protect itself against it, and also discovered in this way the father's sense of guilt.

His castration-dread, or else the feeling that he had been already castrated, and the tendency to over-compensate these feelings are clearly expressed in his whole later sexual life.

As I have already mentioned, he had sexual relations with all possible and impossible women and girls. Direct sexual connection took place with them, though sometimes only mutual masturbation

occurred. In this connection the essential fact is that in no case was he able to give a denial, while, at the same time, he complained of his sexual over-excitability. In this respect, e.g., the following experience is characteristic. On one occasion he went to a prostitute. She was, as he described her himself, horribly ugly, old and unattractive, and he was really disgusted with her ; but coitus had to be accomplished ; he had to prove to her the fact of his potency—of his not being castrated.

The obverse of this demonstration of potency was his impotence-anxiety, which in various ways broke through undisguised and uncontrollable. Thus he produced all sorts of examination-dreams in which he was always failing. He had intense anxiety and agitation about public performances and such-like situations ; he was terrified lest he should fail in them, suddenly come to a dead stop, and so on.

The following is a notorious example of this kind of behaviour. On a railway journey he takes great care of his ticket. He first of all puts it in his purse, which he closes and thrusts into his trouser pocket, buttoning this up carefully. A short time after doubts overtake him as to whether he has perhaps failed to thrust in the ticket with it, and he examines his purse to find out if it is still there, etc. This play is repeated after short intervals. The meaning of this behaviour is clearly seen from the following dream : *' His penis is cut off with a straight knife. He puts it in his pocket and notices, in doing so, that it is abnormally large. He is afraid that he has lost it, and searches carefully every moment to see if it is still there.'*

This anxiety of the patient about losing money, and thus as it were being anally castrated, leads us on to the manifestations of his anal erotism.

Even in his early childhood he suffered from symptoms of gastric and intestinal disorder. In consequence of an organic gastric complaint—very probably ulcus ventriculi—great stress was laid upon the activity of his bowels, without much result. He suffered constantly from constipation, which was intensified by the most diverse kinds of psychical excitations ; this was still the case at the beginning of the treatment. He spent many hours in the W.C., and among other things he did his work while he was there. He showed a symptom which I have noticed in other cases of constipation ; he thrust his finger through the sphincter into the rectum and drew out in this way masses of excrement. He thus wrested the content of the bowels from his stubbornly retentive organ in an act of anal self-castration, in which he indemnifies himself for the loss of the valuable material by

the heightened excitations resulting from the manipulation of the anus—probably only a disguised anal masturbation.

He greatly exacerbated the gastric disorder by often having quite suddenly ' attacks of gluttony ', as he calls them. In these gluttonous paroxysms the oral and anal components can be distinguished from one another. They were e.g. always preceded by the impulse to spend money, and in return for it buy himself something to eat. Such an attack occurred once, a relatively short time ago, during the period of treatment. He had a free forenoon and set out for a jaunt with his mistress. He was in a very good mood and said that he wanted to treat himself well that day. It ended in his going to a restaurant and having six venison sausages. Along with these he drank a far greater quantity of beer than was customary with him, and the gluttony was continued through the afternoon and evening, even when his wife was present. These anal and oral satisfactions were to be understood as a regression to pre-genital pleasure sources, although there were also present many genital conditions that found an ' archaic mode of expression '. ' To be able to eat a great deal ' had for him the meaning ' to be very potent '. It was very significant that he produced these attacks of gluttony always in the presence of others. He seemed in this way to acknowledge that the meal was too large for him, i.e. he was giving an exaggerated demonstration of potency in the oral sphere. He afterwards reacted to these attacks with constipation.

Among his early infantile experiences that throw light on his anal erotism, he described what took place when his brother and sister were suckled. He was jealous of them, and was somehow compelled to look at the breast of the nursing mother, but in the act he had the feeling that he was doing something that was forbidden. As he himself expressed it, there was for him no more sacred or touching picture than a nursing mother. This suckling situation corresponds to his earliest fixation, to which he is continually endeavouring to hark back ; he managed, too, by his mode of living to enforce its claims in many directions.

He was able, e.g., so to contrive that until the death of his parents he should not be independent of them, thus maintaining in regard to his parents the nursing relation transferred to money.

His relations to women also recall in many ways the situation of the suckling at its mother's breast ; an attitude that he frequently assumed was to lie with his head on a girl's bosom and have his hair stroked by her.

His numerous love-affairs might possibly suggest the idea that they implied his being a man of great sexual potency. That, however, was absolutely not the case ; he was able to develop a sexual situation in such a way that the activity began with the girl ; he himself, as he expressed it, never went a step further than the girl herself.

His oral fixation also left behind distinct traces in his attitude to time, which was dominated by the struggle to reproduce the timelessness of the happy situation at his mother's breast. His unpunctuality was incorrigible : by means of it many of his opportunities in life had been wasted. It was intolerable for him to feel that he had to arrive punctually anywhere, and his dreams of being too late were almost as frequent as his examination-dreams. When as a young man he had a love affair, and the girl was to come to his rooms, he put his clock wrong before she came, creating for himself in this way the illusion of timelessness. His ' hours ' of teaching usually lasted far longer than sixty minutes ; he forgot to look at his watch lying before him, and by the time the first set of students left, not only the second, but usually the third had already put in an appearance.

The first objection he had to the treatment was that he would never be able to find time for coming to me every day.

The anal complement of this unpunctuality is extreme pedantry, I have already alluded to his behaviour in this respect during the sitting and I now give some more details here.

I received a few letters from him ; on several occasions he wrote out his dreams for me. On these he not only wrote his signature, but his exact address and telephone number. When he pays his fee he presents the money in an envelope, writes my exact address on it, and adds his statement of the hours of treatment.

Finally I might briefly mention that in analogy with the disturbance of his potency, his artistic powers were prejudicially affected by a severe inhibition of work originating in his castration-complex. E.g. he had executed a work that still required the finishing touches ; with these he had endless difficulties. When he set himself to complete the work he frequently could not get beyond the preliminary stages, used up his time in preparations, etc. He could not even finish a performance that would certainly bring him promotion. The work—it may be remarked in passing—even in its preliminary conception was achieved by a notable effort.

Summarizing the impressions left by this material, we may assert that, despite the numerous pre-genital erotisms and character-traits

which he evinced, the patient had reached the genital stage of libidinal development. The genital primacy had, however, not been satisfactorily established, and further, seemed to be injuriously affected by a passive-feminine strain. This passive trait stood out in the rest of the patient's conduct in life as quite distinctly *masochistic*. Since it extended there also to neutral (= unloved) persons it can be described in the sense of Freud as ' moral masochism '. This view received a striking confirmation from the following communications which the patient made in the further course of the analysis.

On one occasion, a short while ago, before he came under treatment, he was suddenly overtaken by the impulse to have himself *beaten* by his mistress (the pupil). This took place during a lesson ; the girl had on a velvet dress, and he said to her at once : ' You look like a queen, and I am your slave. Whip me ! ' The girl actually fulfilled this masochistic wish of the patient, although she was unwilling to do so again when he asked her. He declared that it was the girl's dress that had given him this idea. He had never at any previous time felt any such impulse in his sexual intercourse.

The scene shows us the eruption of the masochistic trend as a manifest perversion. We can probably see in it the genetic precursor of the moral masochism finding again in this scene a regressive renaissance.

I now submit material from the analysis of this masochistic (and the corresponding sadistic) trend.

In the city mentioned previously he had indulged in the phantasy of being a page to the duchess. He had schoolmates there who were actually entrusted with this service, and he took the material for his phantasies from their accounts.

As a boy he showed a strong interest in the tales from *The Thousand and One Nights*, and derived his day-dreams from them. He had performed with his schoolmates many of his creations as plays. The phantasies and the plays had all a great similarity to one another. They always dealt with the following theme : An emperor has a lovely daughter whom he keeps imprisoned. The hero has to brave all possible perils, and by overcoming them get possession of the daughter. The dangers that the hero has to surmount mainly take the form of slaying terrible beasts. A meaning similar to the one that lies behind these day-dreams attaches to a game which as a child he had frequently and passionately played with his father. He used to ask his father to play ' lion ' with him. The game consisted in his father's creeping

through the room on all fours, growling all the while. In this game the son wanted to catch hold of his father, but instead of that it always ended in his beginning to cry bitterly and being overcome by intense anxiety.

It is only too clear that these phantasies, the plays and the game with his father corresponded to an endeavour on the part of the little boy to master his castration-anxiety, since he forces himself to take the active rôle of castrator and wants to castrate, i.e. to kill his father, in order to obtain possession of the daughter whom he guards. In this connection, it was not easy at first to discover who was the real person in the patient's childhood that was hidden behind the 'emperor's daughter'. It is an interesting and noteworthy fact that in the phantasies and in the make-believe happenings of the theatrical pieces performed with a schoolmate, the patient was actually successful in overcoming his castration-anxiety, and fulfilling his Œdipus-wishes, while in the 'lion' game with his father the result was quite the opposite. This sport always ended in anxiety; he was unfit to play a predominant part with the powerful father whom he feared, although the latter agreed to the rules of the game that he laid down (creeping on all fours). This game invented by the patient is also noteworthy on account of its clear connection with childish animal-phobias, from which he had likewise suffered. In his account of these games the patient also recorded a trifling detail that succeeded in playing its own part in the transference. 'I have never liked beards', he once said in the course of the analysis, 'my father had a beard, too; in our childish theatrical games the others often put on beards; I wished to do so too, but I felt a certain timidity about this, for then I should have been like my father.' Here his longing to identify himself with his father and his timidity at realizing this identification come to light only too clearly. The behaviour of the patient at the time of these games is typical of his later moral masochism, in which it was afterwards faithfully maintained. His conduct in life is marked, as we have already seen, by repeated attempts at rebellion against paternal surrogates, over whom he wishes to triumph (i.e. whom he wishes to castrate), but nevertheless he shrinks back again and again and in the end succumbs to the aggression of his antagonist. This preliminary sadistic phase is, for the most part, entirely omitted; it is only a masochistic submissiveness that comes into view. Nevertheless these explanations could not, at first, by any means account for the emergence of the manifest perversion—the wish to be beaten by his mistress.

In the fourth month of the analysis the patient disclosed an important part of his infantile life-history, which led to the explanation of the most essential problems in his case. He was reminded by a dream of a person who, from his earliest childhood until the death of his father, had played quite a momentous rôle in his life, and about whom he had never, until then, said a single word in the analysis. He had fervently hated this individual, who had in the most pronounced fashion brought discord into the relations between husband and wife, and between father and children, and who had invaded their family life like a masterful, invincible fate.

From about his seventh year onwards a young girl student, a professional colleague of his father's, began to come to his parent's house. Her visits soon grew still more frequent, and she often stayed quite a long time at his home ; his father took an extraordinary interest in her, and the patient himself was compelled to take the first lessons in his art from her. She interfered in all domestic affairs, complained to his mother when anything did not suit her in the management of the house, criticized the behaviour of the children, in short she forthwith conducted herself quite like the wife and mistress of the house, e.g. it was impossible for the patient, even after he was grown up, to speak with his father alone if she was in the house—and she was always there. If he tried to get his father to come with him alone into a room, she would appear after a short time on some pretext or other ; she wished to maintain her absolute standing, and in this endeavour she was continually supported by his father. Several times he heard his parents quarrelling violently in their bedroom about this lady, and when this happened he always heartily took his mother's part.

He knew nothing definite about his father's sexual relations with this lady, i.e. he did not wish to know anything about them. His father frequently travelled alone with her ; and in any case there were other facts that left absolutely no doubt as to the real nature of the situation ; but he had always striven not to think about the sexual relations between the two. The lady afterwards lived almost continually at his home, and it was only after his father's death that her separation from the family could be brought about.

Before considering the manifold results which the presence of his father's mistress in his home brought to fruition in the patient's life, I should like to give a brief description of his relations to his mother.

He was extremely fond of his mother, admired her beauty, and speaks of it even yet with admiration. His mother's fair golden hair, reaching to her knees, especially made a great impression on him. His greatest happiness was to work at his profession in her company. She was also his confidante; if he had to request anything from his father, he never did so directly, but always through her.

This strong fixation on his mother corresponded with his invincible dread of his father, who, as a matter of fact, was not at all strict with him. He was afraid of the judgements he might pass on his person or on his performances. At an early period he noticed the distress his mother felt at her rival's success, and listened breathlessly to the agitated discussions that reached his ears from his parents' bedroom. He did not understand what was happening; he only felt that a terrible wrong had befallen his mother and believed that he ought to avenge her injury. He had the phantasy of having coitus with his father's mistress by way of revenge and retribution. This phantasy can scarcely have corresponded to his first reaction; it seems rather to be the product of a more advanced stage. It already bears the marks of a strongly ambivalent attitude to his mother, for behind the hypocritical retribution-motive there can clearly be seen his identification with the father who had been *unfaithful* to his mother; in the phantasy he takes part in the diversion of his father's love from the mother (spouse) to the mistress. Thus by the phantasy of a coitus with his father's mistress, the positive Œdipus-phantasy is continued in a surrogate; it takes on, however, a more marked colour of conscious enmity against the woman.

The later vicissitudes of this coitus-phantasy are noteworthy. It was easy to conjecture from the analytical material that he reacted at first with a renewal and strengthening of his castration-anxiety to this displacement of his incest-wishes from his mother to his father's mistress. But while the castration-fear due to the (phantasied) mother-incest and the corresponding *original* identification with the father led him to shrink back timidly, the new edition of the positive Œdipus-complex found another issue in his situation with regard to his father's mistress. He was oppressed with the terrible load of guilt towards the mother with which his father had burdened himself by his ruin of the family life; this guilt, he felt, could be atoned for only by punishment coming from his mother. His identification with his father's *sinful, erotic* deed was checked by his castration-anxiety, and as a

consequence his identification with his father fell back upon identification with his *sense of guilt.*[2]

Thus, as the issue of the infantile Œdipus-situation, he acquired by means of identification his father's sense of guilt and superimposed this *borrowed* guilt-feeling on the primary one due to incest with his mother. From that point onwards his psychic life was dominated by an immense need for punishment, and his life seemed to be spent in atoning for his father's guilt instead of carrying out the Œdipus-deed.

In his *masochistic attitude to life* the need for punishment is already separated from an object ; it does not seem to matter from whom the blows of fate come, so long as the blows fall. We may conjecture, however, along the line of our construction of the borrowed sense of guilt that originally the need for punishment was directed towards the mother. The reconstruction would run as follows : ' The father is guilty, therefore the mother must beat him. I wish to act like the father, therefore I am just as guilty as he is, and therefore the mother must beat me '. In this way it was possible for his attitude to his mother to be changed into a *feminine-masochistic* attitude, i.e. to be moved further from the *masculine* stage and brought nearer the *infantile.*

It is easy now to see how this construction throws light on the enigma of the patient's whole behaviour. We understand in the first place that the outbreak of manifest perversion in connection with *his own* mistress was a late realization of the childish wish that his mother should beat him (in the father's stead). The analysis shows clearly how his mistress and pupil was identified with his father's mistress and pupil (dress), and by means of her with his mother. The resultant step from the moral-masochistic attitude to life to the feminine masochistic perversion seems to be linked with certain other pre-conditions, which, however, I cannot examine here.

I prefer rather to indicate how all the other life-vicissitudes of the patient, down to the minutest details, were determined by the events of his childhood already described. Both his wives, as well as his mistress, were his pupils, just as his father's mistress had been his father's pupil. By his unfortunate choice of a second wife he injured himself in the severest fashion ; he found the successful love of his life in a mistress who for this reason had to beat him in the most literal

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[2] Cf. Freud, *The Ego and the Id.*

sense of the word. When he admitted his mistress into his family life, he completely reproduced his father's situation.

Since his masochistic attitude to life has already been amply depicted, I shall confine myself here to giving one or two instances which show how in his later life, too, he was always ready to take the sufferings or guilt of another on himself and thus atone for them. When he saw someone who was ill or situated in circumstances that were in any degree adverse, he had the idea that he himself was too prosperous and that he had to take the other's sufferings upon himself. He had, in addition, positive thoughts of sacrifice. He wanted to sacrifice himself for the other person and in this way cure him. He recalled, e.g., that he had once been in company with a little girl who had only one leg. In this case he had the phantasy of giving the girl one of his own legs and thus healing her.

Of course, these thoughts of sacrifice were not allowed to go unopposed, and, to come nearer the point, they were also motivated by his castration-anxiety as over-compensations of this. For at the root of this self-sacrificial wish, which is really astonishing in a man who suffered so acutely from his actual physical defects, there also lay the idea that he was perfectly sound and that he was able to bestow on others some of his health and strength ; indeed the fact of the bestowal is for him, so to speak, a confirmation of possession, for only he who possesses is able to give. And at the same time he is bestowing something other than he was afraid he would have to give—an offering, as it were, to ward off castration.

In the same way we can certainly trace the feminine-infantile character-traits of his sexual life to the feminine-masochistic attitude to his mother, which, as was already mentioned, approximated to the infantile attitude, and thus became the determining factor in his later behaviour.

All the peculiarities that characterized his relations with women can be well explained by the alternation between these feminine-masochistic impulses and his recurrent, tentative masculine ebullitions (over-compensation of his castration-anxiety).

Finally, we ought not to forget that behind his masochistic attitude to his mother, which corresponded to the borrowed, secondary sense of guilt, there still lay concealed his primary sense of guilt with regard to the father, due to incest with the mother, and also his masochistic attitude to the father. From the material I have already given, one can see immediately how this deeper-lying guilt-factor has intermingled

with his moral masochism. Further, both the punishment-needs—the primary one in reference to his father, and the secondary one in reference to his mother, which latter lies in the foreground of the clinical picture and forms its most striking feature—combine in a large measure to form a harmonious, uniform trend, and are on that account difficult to keep distinct from one another.

Another brief glance at the patient's infantile sexual development gives us confidence to assert that some time about his fourth year he succeeded in the complete unfolding of his Œdipus-complex. He must at the same time have passed through a period of infantile onanism, though there is no positive indication of this in his recollections. To that period the carbolic castration-experience is to be referred. When he first mentioned this in the analysis, he said in indicating the time—' this was just when I learned to walk '. The impossibility of this date is at once evident, so we are led to fall back on the supposition that this was a screen-memory, in which the expression ' to walk ' (= to learn to use the legs) is to be rendered ' to learn to use the penis '. The memory therefore should mean : ' when I began to masturbate (properly), castration by the father resulted as punishment for it '.

He attempts to over-compensate this castration-dread, i.e. he attempts to fight with his father. Then his mother's rival (his father's mistress) makes her appearance. The consequences of this event have been already exhaustively discussed. The patient's sister stood between the two—a fact that should be added here. His father's mistress was not only a surrogate for his mother, but as a pupil of his father's she was also his daughter, and therefore a sister of the patient's.

In connection with this interpretation I might mention that as an eight-year-old boy he had played at ' being married ' with his sister. He was married to his sister, and his brother to a friend of his sister's, and ' being married ' consisted in a mutual exhibitionism on the part of all four. Here he had rivals whom he could impress with his larger penis, and a situation in which he himself could take the place of the powerful father.

In conclusion let me give the following summary of the therapeutic results :

The patient has been fundamentally altered in his attitude to life. He works seriously and with marked success, and also carries out his plans to completion. The financial calamities that have hitherto overshadowed his life have given place to a gradual regulation of his

monetary affairs. He contracts no more debts ; on the contrary, he has been managing for some time now to set about the payment of his outstanding liabilities.

His neurotic division of time has now yielded to a normal behaviour in this respect. The symptom of his sexual over-excitability, which caused him so much suffering, dominating him in such a way that he postponed all his other plans simply to satisfy his sexual need, has completely disappeared ; his anxiety with regard to public appearances has also vanished. Such an occasion took place some time ago and he was perfectly cool about it ; even the examination-dreams have been absent for a considerable time now. For several months the patient has been free from gastric and intestinal disorders.

Finally, a detail in the transference-situation deserves a passing glance—the complication, namely, that resulted from the fact that I was analysing both him and his mistress at the same time. According to him I *possessed* his mistress, just as his father had once possessed her, hence the resulting impulse to snatch her from me in a repetition of the Œdipus-deed that was final, remote and destined to be realized.

I have, of course, not produced the whole of the material in this case-history ; e.g. I have not described in detail the homosexual components in his sexual life. My chief purpose here was to explain the origin and development of my patient's masochistic behaviour.

AN HYSTERICAL PSYCHOSIS IN STATU NASCENDI[1]

BY

WILHELM REICH

VIENNA

It is a very rare thing for a psycho-analyst who is not actually working in a mental hospital to have the chance of observing hysterical psychoses, especially hysterical dissociations. And psycho-analytical literature contains no special study on this subject, except for the cases dealt with by Breuer and Freud (*Studien ueber Hysterie*) in particular those of Anna O. and Emmy v. N——, and a few brief remarks in other analytic works. It therefore needs no apology if I bring forward a case of this kind. The few theoretical remarks which I shall make in connection with my account of the analysis are intended to throw open to discussion certain problems of a theoretic and technical nature to which the material gave rise.

I

The patient was a young woman aged nineteen, a hysteric. She had begun an analysis with a member of the Vienna Psycho-Analytical Society in April, 1923, and had continued it with me three months later. The whole analysis lasted six and a half months, and had then to be broken off on account of the appearance of a state of continuous psychotic dissociation. The patient had suffered from sleeplessness for more than five years and from a hysterical abdominal pain for the last year. This pain was felt in the region of the appendix, was very definitely delimited, and she described it as having a stabbing and ' boring ' quality. It used to come on almost every day, as a rule in the afternoon, and to last from two to five hours. It ran a regular course, beginning very gently and gradually increasing to the greatest intensity, then to die down as gradually as it had arisen. During menstruation it tended to be more intense and to last longer.

Besides this the patient had suffered from abnormal states for the last three years. She herself knew nothing about them, and used always to believe afterwards that she had been asleep. According to the accounts of others it used to happen, often several times in the course of the day, that she would suddenly, in the middle of a conversation, seem to lose herself. She would get up and steal along the

[1] First published in 1925.

walls till she got to a door-way or a window-frame, and there she would bury her head in her arms, begin to cry bitterly and speak unintelligible words. As I learnt later on in her analysis, she used to have abnormal states in the night as well. These were different in character. In them she used to empty out all her drawers, dress herself up in her best clothes, stand in front of the looking-glass and dance about and feel very gay. The whole proceeding ended with rubbing the palms of her hands against her breasts with pleasurable sensations. She would then forget everything she had done, and would be astonished at the disorder the room was in, and especially surprised to see her nice clothes lying about on the floor. I must remark that in ordinary life she always wore the same dress, a very plain one, and would not put on any attractive garments.

Along with these symptoms, however, the patient exhibited a character which we should call anything but hysterical. Ever since childhood she had been reserved, had avoided the society of others and preferred to be alone in her room. She opposed every attempt to cheer her up. She was depressed, although she wore a superficial air of amiability in society. She would have nothing to do with flirtations, and would put off the advances of young men with clever, ironical remarks. She had no desire to shine before others and was rather inclined to neglect her appearance—on purpose, as her analysis showed. Her behaviour sometimes had something quite inaccessible, autistic, even negativistic about it. There was nothing in it of that desire to make an effect, that thrusting oneself forward which is so typical of the hysterical character. She was very well-read, and could speak and write several languages; not only was her intellect extraordinarily good, but she had unusually sharp intuitive powers, as her analysis showed. She grasped the nature of the analytic work at once, and at the end of a few hours understood what was meant by the unconscious, symbolism, and the psychological mechanisms. A certain mannerism which was sometimes to be remarked in her bore the subtler character of a schizophrenia rather than the coarse and obvious show of hysteria. Her whole nature, too, was that of a preponderantly autistic character. When I saw her for the first time I had the idea that she was a schizophrenic, and in the course of her analysis I never quite got rid of that impression, although what came to light were typical hysterical mechanisms. My impression was strengthened when her state of continuous dissociation broke out. And since I am mainly concerned here with giving a picture of the latter, I shall only consider such

material from her four months' analysis with me as is essential for an understanding of that condition.

The patient was the eldest but one of a family of five. The eldest child, a sister three years her senior, died of typhus exactly two years before the patient developed her psychosis, and she played an important part in the history of the case. This elder sister was perfectly healthy, cheerful and able to manage her life. Of the three younger children, one three years, one six years and one thirteen years younger than herself, only one brother, at present thirteen years old, showed signs of an obsessional character. He was extremely intelligent, given to brooding, pedantic and inhibited. Her father had no disturbances worth mentioning and was capable and intelligent as well. Her mother was rather excitable, but had no definite neurotic symptoms. Of her other relatives there was nothing special to remark.

As early as in the second week of her analysis we were able to discover the meaning and origin of the patient's abdominal pain and of one of the two forms her abnormal states took. During one of her analytic hours she got up unsteadily as though lost and stole along the walls to the window, crying and murmuring words which I at once recognized as being Hebrew. When addressed she did not respond, but stood in the same position for about three-quarters of an hour. Then she returned to the sofa, woke up and said, ' I beg your pardon, I've been asleep again '. The next day the same thing threatened to happen, but I prevented it by shaking her firmly by the arm and telling her to try and remember what she had said in Hebrew the day before. She maintained that she had not spoken a word of Hebrew for thirteen years, and had forgotten everything that she had once learnt. She was astonished to hear from me what had happened. Gradually, however, she began to remember what she had said the day before ; and then there broke out in all the violence of a cathartic abreaction that repressed traumatic situation which she used to act over again in her abnormal states. It was this : Between the ages of five and seven she had learnt Hebrew from a teacher, a young man. One day he had drugged her with alcohol. She had woke up with a stabbing pain in her genitals and had found herself lying naked in his bed. The man was kneeling beside the bed, on her right hand, his head was lying on her abdomen above the flexure of the right groin (where she used later to have the pain), and he was holding one of his fingers inside her vagina, thus causing her the pain with which she awoke. When he saw her wake up he had thrown himself upon her ; and she

did not know what happened next. Later on, she believed she could remember vaguely that he had pressed his penis against her mouth. After that she only remembered having jumped up and, still naked, having crept along the wall of the room, crying and saying the same sentences in Hebrew which she used to repeat in her abnormal states : ' Give me my clothes, give me my stockings, give me my shoes. Why have you shut the windows and the doors ? I'm frightened, I want to go home.' The teacher had let her dress herself and be taken home by his servant. She had had an attack of ' brain-fever ' in which she had over and over again had hallucinations of ' torn flowers ' and had begged her mother to give her back her flowers. After a fortnight she had forgotten everything. She could still remember clearly her efforts to forget her experience, and she described this process of repression as follows : ' It was like a veil which slowly sank down over what had happened.' Before this she had felt herself strongly impelled to tell her mother everything, but her mother had repulsed her with the words, ' What a nasty, disgusting creature you are,' without listening to her. The patient reproached her mother bitterly for this and felt abandoned and unhappy. She recovered from this quite soon, however, and forgot everything. But there remained with her a fear that she would wake up in the morning and find a child in her bed. Since that time she became very retiring and timid and did not dare to look anyone in the face, although she did not know why this was so. She did not want to learn Hebrew any more and forgot all she had already learnt. Her teacher went away to another town soon after. Many years later, when she met him again, she only felt a violent antipathy to his person.

There was not the slightest reason to doubt the truth of the patient's narrative. It fitted together in every detail. The only question that remained was, why the situation had had a traumatic effect, and was re-experienced in abnormal states. In many other cases an experience like this is not forgotten at all, or does not lead to the same results. Further analysis of the patient showed that this experience of hers was no more than the last touch to a mind long since prepared for the reception of traumas, and that it did no more than supply the content of a particular symptom, one particular form of abnormal state.[2]

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[2] This has been shown by Abraham in his ' Disposition zu traumatischen Erlebnissen ' (reprinted in his book, *Klinische Beiträge zur Psychoanalyse :* Intern. Psa. Bibliothek, Bd. X).

The patient's abdominal pain disappeared for some time, and the abnormal states did not return *in that particular form.* But the problem, why her reaction took the form of abnormal states in general, remained unsolved for the present.

The patient's abdominal pains also symbolized a phantasy of pregnancy. They had come on for the first time a year and a half before, after she had received hypnotic treatment from a quack who had attempted to seduce her. For a short time she had been compliant to him ; but then she had given expression to her internal refusal by becoming deaf, so that she did not have to listen to his soft words nor to her parents', who ' assailed her ears ' with their pleadings and remonstrances. Her deafness disappeared spontaneously after four weeks.

I should now like briefly to discuss the subject of the patient's predisposition to traumas. In her third and fourth year she had had two theories of impregnation. The first (in time) was that people got a child by eating one ; the second, that they got one when they were kissed. Both theories dominated her completely and went through many modifications. Her younger brother was born when she was exactly four years old. At that time, as I was able to find out with fair accuracy, she suffered from a neurotic disorder in eating. She would only eat if her father held her on his knees and fed her. Thus, in agreement with her theory, her disorder in eating signified that she wished to have a child by her father in an oral way. At this point I should like to say that there was one detail of the traumatic scene which she never described as exactly as the rest : She said that the teacher had thrown himself upon her and *pressed his penis against her mouth ;* but all this remained uncertain and obscure, so that it seemed probable that she had added a piece of phantasy in this place.

Analysis showed that the patient's libido-position was almost entirely an oral one at that time, and later on, too. She desired her father in an oral way and developed an oral attitude of defiance towards her mother, so that, for instance, she would not answer her questions. She repeated this attitude during her analysis by developing mutism (cf. below). This profoundly oral orientation of her Œdipus-complex was due to her genital libido having been repressed much earlier on.

During her analysis the patient recollected a scene which could be exactly dated, since it was concerned with a change of house which happened when she was not quite two years old. In this she saw

herself as a quite small child standing in a half-furnished room. She was crying and called after her mother, ' Mother, mother, give, give, give it back, I won't do it again ! ' At the time of her analysis this cry used to fill her mind when she got into an excited condition. But she did not know what it meant. It was not till her analysis that she remembered that her mother had forbidden her to play with her genitals and recollected the theory she had formed at the time, namely, that there were two kinds of boys : There were the good ones, who were allowed to keep their penis, and there were the bad ones, who had it taken away—and these were girls.

When she was four years old she had had an anxiety-dream which she had never forgotten. It was this : ' I was walking through a lovely, large garden, and I asked my " Amamma " (" Grandmamma ") for a present. At first she wanted to give me white, white doves,[3] but I didn't want to have them. I saw snakes lying on the ground and wanted to have them. As I stretched out my hand towards them to touch them they became hard and stiff and I woke up with a cry.' We have here an unmistakeable masturbation-dream (touching—anxiety). The patient wanted to have the snakes, i.e. her penis which her mother had taken from her. (Cf. her cry, ' Mother, give it back ' and her theory of the good and bad boys.) It need scarcely be pointed out that there were also observations of coitus concealed in this part. What is important is to notice *that before the end of her second year the patient's genital libido had been frustrated and repressed, and that by her own mother.* In this way her oral libidinal position became fixated as the less reprehensible one, and found expression in her theories of impregnation, her disorders of eating and her trauma in connection with the teacher (the phantasied (?) fellatio). After that, she had not masturbated in a genital way any more, but only in an oral way, as for instance in her twilight states when she rubbed her breasts. (Here her repressed penis phantasy became attached to the breast as an equivalent of the penis.) In this connection her elder sister begins to be of importance. The patient envied her on account

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[3] In telling me the dream as well as in writing it down, the patient used the expression ' white, white doves '. She interpreted the white doves as a symbol of innocence (obeying her mother's commands). But we can see a deeper meaning in it : her apparently nonsensical repetition of the adjective was meant to express the number two, and then the whole thing can only be a reference to female breasts.

of her capability. Their relations had not been good until the beginning of the war, that is, until the patient's twelfth year. The latter took up an unfriendly attitude towards her sister, was sometimes even downright hostile, and hated her consciously. When the war came, and enemy forces entered their town so that no one ventured out of doors, she drew nearer to her sister. They used to exchange caresses, in especial touching one another's breasts. About this time their mother gave birth to the youngest child, and this event stirred up the patient's phantasies of pregnancy. Her father, to whom she had always been consciously very much attached, was called up, and it was then that her abnormal states and her insomnia set in.

At first, however, these neurotic states were rare and not very troublesome. It was not till her now dearly-loved sister died that her symptoms broke out in their full force. Having lost her most important homosexual love-object and the substitute of the mother she had loved orally, she withdrew from the world and regressed into a life of phantasy.

And now we come to the subject of the outbreak of her psychosis. On the anniversary of her sister's death she was in the first place overtaken by mutism. She also lost her knowledge of the German language. We could only communicate in writing, and in French at that. When I asked her what her dumbness signified she first of all wrote '*θάνατος*.' It meant death. She showed me a passage in her diary, written two years ago, which ran : ' I shall wither up, I shall grow dumb, *my lips will die*.' Her having forgotten her German could in the first instance be accounted for by her resistance against carrying on her analysis. But this quite failed to explain why she used the French language only. In connection with this point she wrote, ' Il m'est maintenant si difficile de penser autrement que français. Et en outre ça m'était toujours une grande peine et un terrible chagrin le français.' (' It is very difficult now for me to think except in French. French has always been a great trouble and a dreadful misery to me.') Two days later she informed me that her mother had taught her French. Her depression grew worse, and ideas of suicide set in with great vehemence. She was dominated by the thought of going to rest inside a sphere that was lined with glass within. It turned out that she went about with the idea of exposing herself in the snow (it was winter) and freezing to death, an idea which she had had in her earliest childhood, long before the traumatic event, and which was extremely pleasurable to her. It was evident that her mutism was in the first place an identificatior

with the dead sister she had loved, and was further determined by a longing to return into her mother's womb. I must remark that a few days before the onset of her mutism there had come into consciousness the recollection of her mother's castration threat. Her marked ambivalence towards her mother had already found expression in her mutism, but it became much clearer still in her state of dissociation. Her intense oral fixation on her mother and her longing to return to the womb conflicted with her hatred of her mother on account of her castration threat.

The patient accepted all my explanations as to the motives of her mutism, and principally the fact that her loss of the German language expressed her antipathetic attitude towards analysis. But her symptom did not go. This condition lasted three and a half weeks. Her father, who was told about this new state she was in, bombarded me with letters filled with threats and entreaties. We therefore held a medical consultation and decided to try to remove her mutism by means of suggestion—that is, to send her to a laryngologist for electric treatment. The patient agreed to go to him the next day. On the morning of that day her mutism disappeared of itself, only to make way for a hysterical psychosis with dissociation of personality.

There can be no doubt that it was a mistake to have decided to subject the patient to a treatment by suggestion. A waiting policy ought to have been adopted. But situations like these are easier to solve in theory than in practice, where one usually comes up against a ' vis major.' For her father opened a regular attack on me with his letters ; and it seemed as though the patient's condition were never coming to an end. I had tried interrupting her analysis, but that had no success.

On the afternoon of the next day the patient came as usual for her hour ; but as soon as she came in at the door I noticed a great change in her. She looked past me in an absent-minded way and did not recognize me. She wondered who I was, and said she had a kind of faint recollection of having seen me once before. She declared she did not know why exactly she had come. She asked me whether I had heard the latest news : a friend of hers, Eva S. (her own name) was dead. What should she do now, she asked me—how should she break it to the girl's parents ? Then, quite of herself, she added that it was she who had killed Eva. She had strangled her, had kissed her to death. I now put one or two questions to her, and she at first reacted with paralogia according to the Ganser syndrome. She said she did not

know who she was. She did not know her way about the streets, and had lost all powers of orientation. She asked me what town she was in, and said that the people here were very strange ; for she had not been able to find her way to my house and had asked people in the streets where ' Dr. Richilieu ' lived—that, surely, was my name ?—but they had only laughed. She said that Eva S. had been very sad before she died ; she had been afraid of ' red and white death.' (As I learnt later, ' red death ' meant her prospective treatment by the laryngologist, which had aroused castration fears in her. Furthermore, we must not overlook the significance of the spot which was to be treated—her mouth. ' White death ' represented her phantasy of dying in the snow.) She went on to say that she herself was quite happy. In answer to a question she said she did not need to be analysed. I had the patient taken back to the pension in which she lived, and after that I used to visit her there every day.

During the three subsequent nights she was very excited. She wanted to go out in the night, and declared that she would not let herself be looked after by anyone nor be kept indoors. During the day she was quiet and friendly and spoke with the other people in the pension. In the third night she heard the sound of bells—' death chimes ', as she called them. She tore up, unopened, letters that came for her ; but it was later discovered that she had preserved some dollar notes which had been enclosed in a letter. On the fourth day she was better : she had slept well, her abdominal pain and her depression were gone, and she was lively, sociable and cheerful. She had a passing illness in which all the symptoms of a catarrh of the apex of the lung, with fever, were present, but curiously enough these symptoms vanished as rapidly as they had come. She spoke quite coherently and amusingly and made fun of the doctors, who ' took her for an idiot ' ; and sometimes it was difficult not to believe that she was consciously simulating her pathological condition. She addressed her father with the formal ' Sie ' ; but on two occasions she made a slip of the tongue and used the familiar ' Du '. She was very amiable and friendly to him, and would arrange his tie for him before he went out or remind him to have his shoes cleaned because he could not leave the house like that. She clung to the idea that she was not Eva S.

She used to speak with great affection of her ' dead friend ', and to say that she had been so unhappy that death had been the only solution for her. She used simply to ignore all questions about her elder sister. She herself, she would say flippantly, was only a ' poor

fool'. In a letter to me, written later on, she wrote at the end 'Best wishes from . . . but here comes a difficulty. Who is it who is writing? A poor little fool without a name'. When it was decided to take her to a home she agreed, but with a kind of bitter irony. But it was not possible to send her anywhere on account of material difficulties, and since she was quite quiet her father took her home. The hope that her dissociation would soon pass away has up till now —exactly a year later—not been fulfilled. At present she sits in her room, does not go out and speaks very little. She clings to the idea that she is not Eva S. I must add that she expressed a wish, before she went away, to come back to analysis. But external circumstances rendered this impossible.

II

It would be idle to discuss the question whether we are here concerned with a purely hysterical pyschosis or with a schizophrenia masquerading as hysteria. The two medical men who were my consultants, Dr. Schilder and Dr. Jekels, shared my view that the possibility of schizophrenia could not be excluded. Whether this is so or not only the further course of the illness can decide. Nevertheless we must attach weight to the unusually long duration of the dissociation. The patient's actual symptoms before the outbreak of her psychosis were typically hysterical (hysterical twilight states and hysterical abdominal pains); but her character was markedly schizoid (inclination to autism, absence of hysterical extravagance in her object-relations, extraordinary intuitive powers, and finally—a factor which will not perhaps be admitted—the general impression of a schizophrenic personality which the patient made from the very beginning). Her decidedly asthenic physique[4] bore out the hypothesis of a schizoid character. Yet we must not forget that hysterical cases consist for the most part of people belonging to the schizoid category in Kretschmer's sense.

Certain considerations have obliged me to reserve till a more suitable time a discussion of the implications of this case for the theory of the libido. I shall only point out that in the present case there was a clear regression of the libido to the oral phase, just as happens in melancholia. Her symptoms themselves show this parallel. There were her disorders of eating, her idea of suicide and her mutism which reminds us of the orally determined inhibition of speech in melan-

[4] Cf. Kretschmer: *Physique and Character*.

choliacs. She loved her father, mother and sister in an oral way and she masturbated orally. And then there was her oral identification with her dead sister whom she had once hated so strongly. She made severe reproaches against her mother for the disappointments she had suffered from her. In his *Entwicklungsgeschichte der Libido*,[5] Abraham gives it as his experience that what seems to be typical of melancholia is the occurrence of a severe disillusionment *before* the genital Œdipus phase. Undoubtedly such a disillusionment did occur in our case—I refer to the castration threat before the end of the patient's second year. On the other hand, we cannot help noticing how very early her genital libido came into action, for we must assume that that occurrence represented the close of a period which had already been going on some time.

The patient's inclination towards autism is doubtless sufficiently accounted for by her exceedingly powerful oral fixation, and by her longing for the womb which became so evident. This longing seized upon the death of her sister whom she had so much hated at first, and then had loved in an oral way, and made use of it to give a content to her delusion. In doing this the patient's ambivalent attitude was very clearly shown in her belief that she had kissed Eva S. to death. But Eva S.—she herself—had identified herself very completely with her sister. Her imaginary suicide took place on the very day her sister died. It signified, in accordance with her ambivalent attitude, two things: in the first place, causing her sister to die once again, and in the second place, killing herself on account of a sense of guilt (as in melancholia). Her hypo-manic state of mind after the onset of her psychosis can be regarded, among other things, as a triumph over the object that was killed. This view brings us to the economic aspect of her dissociation. It must be looked on as an attempt at recovery, and its purpose is to liberate the person from the introjected object, that is, from that part of the ego which has been identified with the object by means of its imaginary death. But, of course, I do not wish to extend this interpretation of hysterical dissociation to all cases.

I should like to draw attention in this connection to the fact that hysterical dissociations, and in particular twilight states, are very frequently accompanied by mutism. There is no doubt that hysterical mutism quite generally symbolizes death. In dreams, too, being dumb

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[5] Neue Arbeiten zur ärztlichen Psychoanalyse, Nr. II, Intern. Psa. Verlag, 1924.

often means being dead. Let me remind my readers of the phrase 'er ist für immer verstummt' ('he is silent for ever') [i.e. dead]. Another patient who had abnormal states and went about with the idea of killing herself and her children [6] passed through certain periods of mutism. In her case the connection with ideas of suicide was obvious. I should like merely to hazard the suggestion that mutism might stand for regression to the oral stage of the inarticulate infant at the breast. That this is so in the case of Anna O. [7] is pretty evident.

Thus the meaning and the economic purpose of the patient's dissociation (dying = release from the guilty ego) seem to be fairly clear. The dynamic aspect of that dissociation requires further examination; but I shall not enter into it here, the more so as I have attempted to discuss the question in another place.[8]

III

I should like, in conclusion, to discuss one or two questions of a technical kind. For it is by examining our mistakes in the past that we are enabled to avoid them in the future. We must not be held back from doing this by fear that our information may be used as evidence of the 'harmfulness of psycho-analysis.' Freud has been the first to show that we are working with 'explosive material.' And it is our business to find out how to handle that material.

The patient started her analysis with an immediate transference of the traumatic situation. In the first hour she murmured softly to herself several times, 'I'm afraid.' Although I did not as yet know anything about her trauma, I at once recognized her words as meaning that she was afraid of me in a sexual sense. This was partly because she had come on to me from a much older analyst towards whom the tender aspect of the transference had been uppermost. With me, it was the sensual side of it which came to the surface. When I had explained this to her, her first resistance was overcome and the analysis proceeded in a normal way. Thus, as we see, it was her positive transference which had formed a resistance in a typical manner.

The production of twilight states in an analytic hour in the second

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[6] And in a snow-covered scene, like this one. Is this a mere coincidence or is the idea a typical suicide phantasy?

[7] Cf. Breuer and Freud: *Studien über Hysterie.*

[8] Cf. Reich: *Der Triebhafte Charakter*, VI, Kap: 'Einige Bemerkungen über den schizophrenen Projektionsvorgang und die hysterische Spaltung' (Neue Arb. z. ärztl., 'Psa., Nr. IV, 1925).

week of treatment was also a transference-symptom, of course. This situation signified that in her phantasy she was experiencing her trauma in relation to me. I have already related how she was brought to recollect the forgotten episode. But I had not been able to analyse the transference-situation connected with it. I had, in fact, had no opportunity of telling her that she had been referring to me too when she spoke those words in Hebrew. On this occasion her transference had not constituted a resistance, for she gave associations and remembered things and was amenable in every way for two whole months, until a fresh resistance set in, this time of a negative and unfriendly character.

The analysis of this negative resistance led us first to discuss the patient's positive attitude both towards her first analyst and to me. She was rejecting me now because I had repulsed her and had not accepted her indirect offers of love. I explained this to her and she understood it and agreed to it. The result was that she made further progress and got as far as the analysis of her ambivalence towards her mother. It was not till now that she recollected that her mother had refused to listen to her after she had had her traumatic experience, and remembered the reproaches which she had made against her mother for this, and her dislike of her. Her dislike of her analyst was therefore a transference of her dislike of her mother. Added to this there was the aforesaid disappointment in love. The patient's transference was now in the main a mother-transference, and this was further exemplified by the mania for asking questions which took possession of her. At first she asked quite ordinary questions ; then came different ones, as, for instance, whether she was still a virgin, and other similar questions. In the course of analysing this transference-situation she remembered the content of her second kind of twilight state (masturbation by rubbing the breasts), the scene of her second year, and also some details out of a phase of asking questions which she had passed through at about the time of her younger brother's birth. She had at that time continually asked her mother what the thing (his penis) was that her brother had, until one day her mother had answered, ' What a nasty creature you are,' and so put an end to her desire to ask questions. The anniversary of her sister's death happened a few days after this material had come up and her mutism set in. This symptom of hers, too, signified in the first instance a rejection of analysis—she had forgotten the German language. This situation was fully interpreted to her in all its aspects, and she accepted it. But no change took place.

I analysed the case in a perfectly classical way with a passive tech-

nique. But quite recently Ferenczi and Rank [9] have quite rightly given greater importance to the transference-situation. The advance they have made in their views on this subject may be briefly stated thus: In classical, passive analysis the rule was not to analyse the transference until it began to form a resistance.[10] In contradistinction to this Ferenczi and Rank (the latter in especial [11]) lay stress on the necessity of continually analysing the transference-situation even when it has not yet become a resistance—for instance, of picking it out as far as possible in every dream. Thus their aim is to arrive at an analysis of the patient's past as far as possible by way of his transference.

It has been my experience that Freud's classical rule suffices perfectly for all the milder forms of neurosis; but that in analysing 'instinct-ridden' characters and severe character-neuroses it is only possible to make any real progress by continually analysing the transference. I class this patient of mine among the gravest neuroses, and am of the opinion that she should have had a daily transference-analysis, without, however, being fully convinced that this new kind of transference-analysis would have materially changed the final outcome.

There is another factor which seems to me much more essential. If the work of analysis is to be effective, the patient's ego must be in a position to deal with the conflicts that are activated in analysis and in especial with the once repressed instinctual emotions which now come to the front. To do this, it is necessary for the ego to be strong enough to support the consciousness of material that has hitherto been repressed. In mild cases we are dealing with an ego which is in itself strong, and we need not be afraid of the irruption of the unconscious. But there are cases, such as the present one, where the ego does not present that solid structure which is vital for a satisfactory termination of the analysis. In these people the ego must first be strengthened by an 'ego-analysis,' whatever that may prove to be. It is well known that 'latent' schizophrenias can become manifest ones during analyis: and this fact can only be based on the defects already existing in the ego or rather in the ego-ideal. In these cases it is necessary to *retard*

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[9] Cf. *Entwicklungsziele der Psychoanalyse*, Neue Arbeiten z. ärztl. Psychoanalyse, Nr. I. Int. Psa. Verlag, 1924.

[10] Cf. Freud, 'Further Recommendations in Technique', *Collected Papers*, Vol. II.

[11] Cf. *Das Trauma der Geburt*, Internat. Psa. Bibliothek, Bd. XIV, 1924.

the process of analysis when the patient's associations and recollections, and in especial his incestuous conflicts, become conscious too rapidly, as happened in this instance. My readers will have noticed how much material, and how much of it of an inadmissible kind, came to the surface in the short period of three and a half months. Such a flooding of consciousness with repressed material cannot but have unfavourable effects. It cannot be satisfactorily dealt with because the ego has not got enough time to approach it slowly and step by step. In neurosis without defects of the ego such mighty irruptions of repressed material never occur. On the contrary, what is characteristic of them is the very slow rate at which the material becomes conscious. The present patient, however, did show defects of this sort—defects which were not sufficiently taken into account at the time and which then became manifest in a dissociation of the ego.

DISCUSSION ON LAY ANALYSIS

EDITORIAL ANNOUNCEMENT

The Central Executive of the International Psycho-Analytical Association informs us that it is their intention to bring forward the question of ' Lay Analysis ' at the next Congress, so that opinions may be heard and, so far as possible, decisions arrived at in the matter. The Executive desires that the question shall be ventilated as fully as possible before the Congress meets, and has consequently requested the various Branch Societies to further this end by arranging for local discussions on the subject. In order to serve the same purpose we are opening our pages to an international discussion of the question of Lay Analysis.

I.

ERNEST JONES

LONDON

I propose to discuss this topic at considerable length because it would appear to be one of the most important problems concerning the future of psycho-analysis. To justify the length of the present contribution I may advance the consideration that I have had perhaps unique opportunities of studying various aspects of the question. Of the British Society, which has always been the most friendly towards lay analysis, more than forty per cent. of the members are lay, i.e. non-medical: several of these are analysts of the first rank, both in theory and practice. I have therefore had opportunities for continual and direct observation of the valuable assistance that lay analysts can contribute to psycho-analysis, and this apart from the opportunities afforded by long-standing personal contact with the most distinguished lay analysts on the Continent. On the other hand I doubt if any other centre, even New York, provides more occasions than London for observing the activities of wild analysts,[1] both medical and lay.

It is sometimes said that any discussion of the subject among analysts is useless because it is out of our power to influence the matter one way or the other, inasmuch as it will be finally decided by legal

[1] The expression ' wild analyst ', an early one of Professor Freud's, is used to denote someone who, without being adequately qualified to do so, asserts that he is practising psycho-analysis.

judgements or by the attitude of the public or the medical profession. Although Professor Freud evidently does not share this opinion himself, otherwise he would not have troubled to write a book [2] on the subject, a passage in his book might be used in support of those who do. He remarks that no authority can prevent someone who has himself been analysed from analysing others. None of us, however, would seriously maintain that every patient who has been successfully treated is *thereby* fitted to become a psycho-analyst, and that we should not think so is a fact of increasing import. It is easy to under-estimate the influence and authority that the body of psycho-analysts will be able to exercise when the functioning of their Institutes and Clinics becomes more widely recognized. Nor is it thinkable that any official institution will ever issue diplomas or degrees in psycho-analysis, a consummation which is certainly not within sight, without the licensing body being composed of qualified analysts. The prospect would thus appear to be that what our psycho-analytical organization decides to be the fitting qualification for psycho-analytic practice will be a matter of increasing, and ultimately decisive, importance. At the present juncture, therefore, when the conditions and nature of training are being worked out by the International Training Commission, it becomes all the more necessary to probe in a radical manner such questions as the present one.

It is probable that much of the muddled and emotional thinking that one often finds expressed during conversations on the subject, together with the unnecessary heat that is engendered, could with great advantage be avoided if it were more fully realized that many of the divergencies of opinion arise from an imperfect appreciation of the nature of the transitional stage through which the psycho-analytical movement is now passing. Psycho-analysis is at present faced with the formidable task of organizing the knowledge it has so painfully won. This needs to be accomplished both internally (training) and externally (linking with other branches of science).

It will not be denied that both these tasks have had to be considerably neglected in the past in favour of more pressing duties. To begin with, when psycho-analysis had to fight for its very existence one could not afford to be very nice in the choice of supporters; 'beggars can't be choosers'. Anyone was welcome who was prepared

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[2] *Zur Frage der Laienanalyse*, 1926. See Review in the JOURNAL, Vol. VIII., p. 86.

to strike a blow on our side : his only qualification need be that he was sympathetically interested in psycho-analysis. The interest might be thoroughly neurotic in origin, it might be purely temporary and later replaced by opposition, it might be throughout ambivalent, but there was no time to take stock of these fine discriminations ; support was support, however short-lived, imperfect or ultimately troublesome. It was only after years of experience, often bitter in the testing, that we were impelled to look more carefully at the support offered us : and this coincided with a diminished pressure for our need of support : psycho-analysis was evidently going to survive, and was even becoming established. We now need a radical revision of the previous attitude, one comprehensible enough in the early desperate days.

For a number of sufficiently obvious reasons, which need not be detailed here, we are agreed to insist that future analysts should receive an adequate training in psycho-analysis before they begin practice. What constitutes ' adequate training ' is a technical matter for the International Commission and its branches to decide, and fortunately there would appear to be very little disaccord over the main principles concerned. It is important to note that this decision brings with it the necessity, not previously present, for selecting the material to be trained. No serious curriculum of study in any branch of knowledge is open to all and sundry. Everywhere some standard is exacted, of character, of previous education, of attainments in examinations, etc. This will be specially desirable with psycho-analysis, where cranks, failures elsewhere and various abnormal types press forward for admission to the ranks. To eradicate all the character anomalies that are so troublesome in practice often needs several years of intensive analytic work, which could be more profitably employed in the training of several more promising individuals selected beforehand. What so often happens now is that the less satisfactory types we have in mind do not persevere beyond a few months and depart to practise psycho-analysis without let or hindrance, indeed with the prestige of having been ' trained by so-and-so '. It is in connection with this essential process of preliminary selection that the question urgently arises of the attitude to be adopted towards the would-be lay analyst.

The other half of the task defined above has also a bearing on the same issue. I refer to the *external* organization of psycho-analysis, to the relation between psycho-analysis and science in general. It will hardly be denied that this matter is in a very unsatisfactory state at present and has indeed received little attention at our hands. The

reasons for this are familiar. The founder of psycho-analysis wisely chose the course of pursuing his scientific research independently and of addressing himself mainly to those with experience in the same field rather than devoting his time to presenting the detailed evidence for his conclusions to the scientific world at large in the customary manner. His early essays in the opposite direction convinced him that he would only squander his energies by pursuing such a course, and so, to the inestimable gain of the world, he has for the last twenty years mainly directed his writings to those who were prepared to admit without further ado his fundamental principles and methods. The case was similar for the first generation of followers, who eagerly pushed forward in their learning and exploring without pausing to heed the outer world more than was necessary. Experience showed, further, that the difficulties in the way of presenting their work to those without personal first-hand knowledge of its method and its details were of a very special kind and transcended those of which the history of science has any record elsewhere. These difficulties are indeed so formidable that the possibility of their being ever surmounted is a very arguable proposition. If this were answered in the negative, it would mean that psycho-analysis would differ from any other branches of science in being strictly confined to a particular group of people, and that the wide bearings it has on so many other branches of science, and on life and civilization in general, would forever remain unavailable. If this pessimistic and regrettable conclusion had to be adopted, it is hard to predict what would be the practical consequences. We know enough of human nature, however, to surmise that the hothouse atmosphere which would in time be engendered could hardly be the best one for free development and would be more likely to result in narrow sectarian jealousies and unedifying squabbles of the kind that most interfere with the pursuit of truth. The dangers of developing an esoteric cult instead of a branch of science are such that not all workers would find it easy to resist them.

On the other side we are equally alive to the opposite danger, that of our conclusions being weakened, discounted and diluted in the process of absorption by the outer world. This we are determined to resist to the full, and our determination is evinced by a certain hardness and aloofness towards workers in allied fields which has already been commented on by various critics. The problem that faces us, therefore, is how best to steer between the Scylla of esoterism and the Charybdis of absorption. Opinions will vary in answering this question. To those

who dread the second danger most the paragraphs that here follow will be irrelevant. For my own part I would declare myself equally alive to both sets of danger, but I am optimistic—or adventurous—enough to hope that a secure course may yet be found that will avoid both.

Any attempt to establish contact with other branches of science, particularly the cognate ones and gradually to permeate them with the discoveries and conclusions of psycho-analysis will necessitate much patient work at presenting our data and clarifying our concepts in a more systematic fashion than hitherto. For this purpose what is quite indispensable is a highly trained body of workers, accustomed to the idea of scientific research and, if possible, with some experience of scientific discipline in other fields. The thorough training just mentioned is equally essential for the aim we have here in view and for the even more important purpose of guarding against any tendency to ' absorption ', which we have proclaimed to be the second danger.

These considerations put the question of systematic and thorough training in the forefront of our endeavours. No body of work is likely to achieve the status of an exact branch of science and to be regarded as serious by other scientific workers until a precise curriculum of studies pertaining to it has been effectively organized. One of the best definitions of science is ' verifiable organized knowledge '. This is one of the reasons why psychology in general is still looked at askance by many workers in other fields, and, as for psycho-analysis, the idea is popular enough that the practice of it is dependent mainly on some personal gift, that it is an arbitrary art which can perhaps be supplemented by reading a few books. There have, of course, always been various means of acquiring a knowledge of psycho-analysis, but the organizing of these means into a systematic training constitutes a step of revolutionary significance. It marks the passage of psycho-analysis into the ranks of other sciences and its practice into the ranks of other professions.

These considerations have a twofold bearing on the topic here under discussion ; on the question of the selection and general education, as well as special training, of our workers : and on the connection between psycho-analysis and other branches of science. As regards the latter point there can be very little doubt that the nearest and most promising point of contact, the one forced on us by every relevant consideration, is medicine. We cannot escape from some relation to medicine, and the only question is what is this to be. The reasons for this are so obvious as barely to need recounting. Not only did psycho-

analysis take its origin in the field of clinical neurology and psychopathology (it has well been said that psycho-analysis stands to psychiatry as histology does to anatomy), but it has always found this its surest basis, though it has of course *extended* widely from this centre into other fields. Psycho-analytical conceptions are for the greater part pathological in origin, a fact which is often brought as a reproach against them. Our material consists essentially of suffering patients in need of help, though here, too, we have extended beyond the usual frontiers of medicine (e.g. character analyses). The vast bulk of this material necessarily comes before medical practitioners, and presumably will always do so, for one can hardly foresee a day when the public will itself make accurate diagnoses between mental and physical afflictions: this fact alone necessitates a close contact with the medical profession. The diagnostic relationship between our problems and, on the one hand, those of the psychoses, conditions which for legal reasons will certainly always be under the care of medical practitioners, and, on the other hand, innumerable organic states, will be dealt with below, but we must here also insist on the extent to which this holds good not merely as a preliminary, but throughout the whole analysis. Even in the theory of psycho-analysis itself—and what is practice without theory?—the doctrine of erotogenic zones, so fundamental for any problem in development, impinges directly on to the somatic, as do so many questions like the chemical basis of the libido, somatic factors influencing changes in the libido, glandular functioning, etc., etc. The innumerable problems connecting psycho-analysis and medicine can be shirked, but they cannot be avoided.

These points seem to me to be easily demonstrable. I now wish to introduce one that is more a matter of personal judgement. In my opinion, and this is formed on purely psycho-analytic lines, the greatest hindrance to the advance of psychology as a science has always been the motive of flight from what may be described as the personal, the human, the natural, the animal in man. We know the ultimate source of this to be the flight from the unconscious, particularly from infantile sexuality. This flight has taken two main forms. The flight into materialism I count as the less serious of the two. It is a recent one, not much more than fifty years old, and it is already showing signs of passing, even in the physical sciences themselves. It is the less dangerous of the two, because after all it is in the direction of the natural rather than the supernatural. Nor has the materialistic bias of medical education, undeniable as this is, proved a very serious obstacle to the study of

the psyche. It cannot be chance that the psychologists who have done most to replace the old intellectualistic conceptions by more fruitful human ones have so often been medical men. I refer to such pioneers as William James and Morton Prince in America, Rivers and McDougall in England, Janet in France, and—the sun among the stars—Freud himself. Inside psycho-analysis itself the workers who have been most daring in applying psychological principles in the somatic field have all been medical ; Ferenczi, Groddeck, Jelliffe, and Stoddart : lay analysts have shown a justifiable inhibition in this respect.

The other, more serious, form of this flight is, in my opinion, that more directly away from the natural. It may be either expressly towards the supernatural, by one of the many open or disguised forms of religion, or towards what may broadly—and perhaps not altogether fairly—be termed philosophy, by rarefaction of the mind into intellectualization. Now I cannot think of any education that gives a better opportunity for defence against this tendency than the medical one : I say opportunity, for of course it can provide no guarantee. Not only is the training and work throughout naturalistic and biological in its outlook, but, with his daily observation of the continual failure of the human mechanism, it is harder for the doctor than for any other worker to retain any illusion about the isolated superiority of mankind over the rest of the animal world or the belief in an independent and self-determining ' soul ' that rests on this. To someone like myself, steeped throughout in evolutionary doctrine, of which psycho-analysis itself seems to be nothing but an extension and completion (though, incidentally, the most valuable part of that doctrine), the consideration just adduced must count as being especially weighty.

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After this lengthy introduction, the main theses of which are the urgency of raising *and organizing* the standard of psycho-analytic training and the necessity of defining our relations to the neighbouring science of clinical medicine, I will now approach the main topic of this discussion. In doing so we shall gain greatly in clearness and simplicity of outlook if we first narrow down the issue to its essentials by ascertaining what precisely is meant by the question, ' Are you in favour of lay analysts ? ' The following discussion is intended to elucidate this question.

We have first to distinguish between analyses performed as part of a professional livelihood and those performed for any other purpose. The first we may term therapeutic analytic work, though it will at times

include training analyses and character analyses. It is what we generally mean when we refer to the work of lay analysts.

A case of the second kind would be where a non-medical anthropologist wished, with the intention of applying in his own field the insight and knowledge he had gained through his personal analysis, to fortify and extend this knowledge in the best way possible by spending a couple of years conducting analyses in a psycho-analytical clinic under trained medical supervision. I cannot imagine that any analyst would have any other attitude than approbation for such a laudable procedure as this. One might reasonably expect that such cases should not be very rare, now that the value of the extensive applications of psycho-analysis is being more and more established; students of religion, of sociology, mythology, literature, etc., etc., should be applying to us for opportunities to further their researches. The facts, however, are stark in the other direction. One distinguished anthropologist, Dr. Róheim, has indeed pursued this course, following his own self-analysis and wide reading by performing a few analyses for the express purpose of still further deepening his knowledge. With this single exception, every other student who has come to psycho-analysis from other fields, whether mythology, religion, biology, education, etc., has taken up, usually for whole-time, though occasionally for part-time, professional occupation with therapeutic analyses. We are therefore forced to realize that when lay analysts working in other fields are mentioned, it nearly always means in practice that such workers adopt psycho-analysis professionally and come into the category of the first group. There are, of course, those who deprecate the activities of the first group, but I have never heard any objections raised to those of the second, and most of us would very cordially welcome the appearance of the type in large numbers. To say, therefore, as Dr. Róheim does, that applied psycho-analysis stands and falls with lay analysis is very wide of the mark; he is here confounding two groups of lay analysts, and it is not thinkable that any objection would ever be raised to the one group on whom progress in applied psycho-analysis essentially depends.

There are, again, two classes of the first, professional type of lay analyst, and the attitude of medical analysts differs considerably in regard to them. Theoretically the difference is not supposed to exist, but it certainly does in practice. For some adhere to the rule that *no lay analyst should engage in independent practice,* whereas others do not. This rule is so important that it is desirable to be quite clear

about the significance and bearings of it. In most countries the chief distinction drawn between the medical profession and the laity in respect of disease is not so much in the actual carrying out of treatment —except in the obvious cases, such as surgical operations, that demand special skill—as in the matter of prescribing treatment. Many forms of treatment can be, and indeed have to be, *carried out* by assistants acting under medical instruction and supervision, but society has become increasingly aware of the disadvantages to the community of allowing anyone to *prescribe* treatment who has not undergone the requisite training in physiology, pathology, etc., that will enable him to make an exact diagnosis of the pathological condition present before deciding on the suitability of the case for this or that form of treatment. The thesis here put forward would apply this universal rule to the practice of psycho-analysis. It means that, whether a lay person carries out an analysis or not, he should in no case prescribe it, i.e. he should not engage in practice independently of the medical profession.

I have never heard a lay analyst actually deny this thesis, though it is unfortunately often neglected in practice. All medical analysts to whom I have spoken are unanimous in supporting it, and even Professor Freud, perhaps the most extreme defender of lay analysts, maintains it absolutely and without any qualification. It goes without saying that the non-analytical part of the medical profession, familiar as they are with the dangers of allowing the functions of diagnosis and prescription to be exercised by non-medical persons, would be wholeheartedly in favour of the thesis, as presumably would be the greater part of the laity.

It would seem necessary to insist on some implications of this rule. In the first place, it should be an absolute one. In spite of the fact familiar to all of us, that the preliminary consultation with a physician is often an entire formality, with no sort of medical question at all arising, the decision of whether it is a case suitable for consultation with a physician should never be left to the lay analyst : to do so would, by begging the question, plunge the whole principle into confusion and impose a responsibility on the lay analyst that cannot and should not be his. Nor would I suggest any exception with children, even with ' infant analyses ', for the transition between the mental and physical is even readier with them than with adults and, of course, the question of psychosis arises equally with both.

Nor can we overlook the difficulty that in many cases, as Professor Freud has often pointed out on previous occasions, the diagnosis can

be determined only during and by means of the analysis itself. It is hard to state what is the proportion of cases in which a physician would be prepared at the outset, and especially from one interview alone, to guarantee that no physical factor is concerned in the clinical situation and that all psychoses can be ruled out ; it would doubtless vary with the physician and with his confidence in his powers of diagnosis.

As is well known, many forms of insanity present themselves clinically under the guise of a neurosis. It may be a true neurosis, with absolutely typical symptoms, and the relationship of the two conditions furnishes an interesting theoretical problem. It is not rare for general paralysis to show itself first in the form of a neurasthenic syndrome, for cases of dementia præcox and paranoia to wear a mask of hysterical phobia, of catatonia to wear one of conversion hysteria, and manic-depressive insanity one of obsessional manifestations. The diagnosis of such conditions calls for a knowledge not only of clinical psychiatry, but also of clinical neurology, and could very rarely be entrusted to someone destitute of training in these subjects. It is further known that it may occasionally need months of analytic work before one can come to a decision on these difficult problems ; an occasional consultation with a physician cannot wholly replace the advantage of constant observation conducted by the physician.

I have here discussed, and by no means completely, the single matter of diagnosis. It will be pointed out later that this is only one of the many respects in which medical knowledge is valuable in psycho-analytic work. But enough has perhaps been said to establish two propositions : first, that it is undesirable for lay analysts to engage in independent practice, and secondly, that there needs to be a definite selection of the cases judged suitable for treatment at their hands.

We have now, I hope, settled the case of the student lay analyst (definitely in his favour) and of the independent lay analyst (definitely in his disfavour). I need hardly say that I do not propose to say anything about the irregular or wild analyst, for his problem is much the same whether he is medically qualified or not and we are here concerned only with true, i.e. trained, analysts. There remains for our consideration the most delicate question of all, that of the lay analyst working in conjunction with the medical profession.

So far as I know, only three general opinions have been expressed on this topic, though several others are conceivable. They are, shortly put : (1) only medically qualified analysts should conduct psycho-analyses, (2) it is irrelevant whether the analyst is medically qualified

or not, and (3) it is desirable that most analysts be medically qualified, but there is no good reason why selected lay persons should not conduct analyses under certain definite conditions. The first two of these may fairly be termed the extreme views, and I have no hesitation in rejecting them both, for reasons that are here expounded.

The first view has certainly the merit of simplicity to commend it, but little else. It is thinkable that some grounds could be brought forward to support it as a temporary expedient in particular regions of the world, but the arguments against its being sustained as a general proposition appear to me to be overwhelming. Whatever may be said about the advantages of all analysts being medically qualified, no one with a knowledge of psycho-analytic work can seriously maintain that it is *essential* for them to be so. The fact cannot be denied that with a large group of cases the analysis can be as well performed by a layman as by a physician. I speak here from unequivocal first-hand experience. That being so, it would seem to me an act of sheer tyranny to forbid, if it were in our power, anyone to conduct psycho-analyses unless he is medically qualified. I see no warrant whatever for such an arbitrary monopolizing of psycho-analytic work.

Those who, like myself, have enjoyed the opportunity of working in constant collaboration with lay colleagues can have little doubt of the inestimable advantages of such co-operation, and would be extremely loth to have to forego them. Contact with other fields of work is always an invigorating stimulus and brings a stream of fresh ideas with it. An open breeze of benevolent and instructive criticism pervades the atmosphere, information from different regions lights up our work at novel angles, and our perspective is throughout enriched and widened. The effects are those of sunlight and fresh air. What may be called applied psycho-analysis has already brought us not only constant confirmation and corroboration but a large amount of knowledge that would otherwise not be at our disposal. Perhaps the most striking example of this has been in the field of symbolism. In a number of instances the investigation of folk-lore, comparative religion, etc., has furnished us with both the interpretation and understanding of recurring symbols that had baffled us in our purely clinical work.

It seems to me, in short, that advance in the science of psycho-analysis would be seriously impeded if all lay workers were excluded. I am speaking here not only of the matter of practice, of the number of skilful practitioners in analysis we should lose by excluding the laity, but of the more important question of losing the contributions they can

and do make to our knowledge. With only medical analysts available we might have had to wait long for the contributions that Melanie Klein has made to our knowledge of the psycho-analysis of young children, for those made from the side of religion, mythology and literature by Rank, Reik and Róheim, for those made by Sachs to many technical problems—to mention only a few examples. And it seems reasonable to expect that lay analysts will render equal service in the future, for they have the definite advantage of being able to import into our studies points of view that are foreign to most physicians, to bring ideas and experience gained in other fields to bear on psycho-analytic problems. There is, of course, no guarantee that the same contributions might not be made in time by purely medical analysts, but to confine psycho-analysis to the medical profession would surely mean sacrificing a potential source of strength.

The second of the views enumerated above is championed by no less an authority than Professor Freud and must therefore be examined with special care. To me it appears a distinctly tenable proposition, for it is unquestionably true within a certain sphere. And if, nevertheless, I feel impelled to reject it as being too narrow a formula, this is only because it ignores a series of considerations which to me at least appear to have some importance. The discussion of it may well be combined with that of the third view, and, as it concerns the crucial issue of the whole problem, it will demand a section to itself. We may formulate the issue as follows: Is it a matter of indifference whether analysts on the whole are medically qualified or not, or is it more desirable that they should be? What are the advantages and disadvantages that might be expected to accrue from the adoption by the International Training Commission of one or the other of these alternative views?

In the one case the members of the Commission would say to the lay candidate: 'We see no reason why you should put yourself to the trouble, time and expense of becoming medically qualified, for in our opinion it will make no difference to your future psycho-analytic work whether you become so or not'. In the other case they would say: 'We regard it as highly desirable for you to become medically qualified, and shall refuse to accept your candidature unless you can produce satisfactory reasons why an exception should be made in your case'. For the sake of convenience, let us refer to these as Plan A and Plan B respectively.

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We have now narrowed the problems down to the last, and most crucial, issue. Before dealing, however, with the individual criteria on which this issue will have to be decided, it will be well to envisage, so far as is possible, what would be the most probable practical consequences of either plan being adopted.

If Plan A were adopted we should have to be prepared for what in my judgement would be a very considerable probability, namely, that n a measurable period of time—perhaps after the present generation of medical analysts had passed away—the profession of psycho-analyst would become predominantly lay. At present most medical analysts first obtained a medical qualification and only subsequently decided to take up the study of psycho-analysis. In the future, when they would usually hear of the psycho-analytic career at an earlier age, they would be definitely discouraged from the arduous and unnecessary study of medicine. Similarly there would be manifested an increasing disinclination for physicians to exchange their profession for one in which they would be informed that their previous medical studies would have no special value and would give them no special advantage ; physicians do occasionally become writers, engineers or lawyers, but in inappreciable numbers. The profession of apothecary, linked to the medical one by a thousand ties and once historically united, may be taken as an analogy ; the fact that a medical qualification is a ' matter of indifference ' to the work of an apothecary has the very natural result that no apothecary troubles to obtain such a qualification, and no physician specialises in the work of an apothecary. The two lines of work, though related, remain distinct, and so, it seems to me, it would happen if psycho-analysis were to be regularly regarded as an independent profession rather than as a special branch of medicine.

Added to this would be the increasing opprobrium of a physician's joining a profession which would, rightly or wrongly, be held to contravene the fundamental principles of medical practice ; for an independent discipline of psycho-analysis would be avowedly displacing the medical one from what it unanimously regards as one of its legitimate provinces—the care of the mentally afflicted. Indeed, even at the present day in London, one is constantly told that a great reason why so few of the better class of university or medical school physicians contemplate the study of psycho-analysis is because analysts admit to their ranks those who have had neither a medical nor any other scientific preliminary education, so that the study can in the nature of things possess no recognized scientific status. Even in regard to

medical analysts one of the commonest criticisms, not entirely unjustified, to be heard from our medical colleagues is their regret that so many are very imperfectly trained in psychiatry, neurology, and even general medicine ; what they say about analysts who are destitute of any medical training whatever we know well enough. One may think what one will of these reasons : I am concerned here only to point out one of the probable consequences of Plan A.

But the matter cannot be left at this. If I am correct in these assumptions, there would be still further consequences of the divorce between psycho-analysis and clinical medicine. As psycho-analysis possesses almost a monopoly of the most important part of psychopathology, the tendency of Plan A would be to wrench the knowledge of psychopathology more and more from the medical profession, for the better it succeeded the more would psychical affections be regarded as 'non-medical', much in the way that speech affections are at present. This would stifle the hope of those who look forward to steady improvement in the psychological education of the medical profession as a whole. We know not only that most neurotics first consult a general physician, and presumably always will do so, but—what is perhaps even more important—that the part played by psychical factors in organic disease is immensely greater than is now at all widely recognized ; if one makes a general survey it becomes quite doubtful whether the general practitioner has more to do with psychical or with physical factors in his daily work.

While the medical profession would thus be starved in its study of psychology, psycho-analysts also would suffer greatly from the lack of adequate medical contact. This important matter will presently be discussed more fully in connection with the inner development of psycho-analysis.

I do not see how anyone can contemplate these real possibilities with equanimity, whether he is more concerned with the well-being of suffering humanity or with the march of scientific knowledge. To my mind, at least, it would signify setting back the clock of progress in no uncertain degree.

Let us now consider the probabilities if Plan B were adopted. Where any good reason could be shown why it was inexpedient for the lay candidate to go through a medical education he would be accepted for training in psycho-analysis, provided, of course, that he proved otherwise suitable (character, previous scientific education, etc.). This should ensure that the contributions and services of valuable lay

analysts would not be lost. The majority of analysts, however, would be, as now, medically qualified, so that direct continuity would exist between the psychological and physiological points of view. Psycho-analysis would be regarded as essentially a branch of clinical medicine, gradually replacing—as, in fact, it is already doing—the older branches of ' psychotherapy ', ' medical psychology ', or ' psychopathology '. It would only be a question of time when psychiatrists also would make a regular practice of being trained in psycho-analysis, for I do not regard this expectation as in the least chimerical ; the process is indeed already beginning. Once psycho-analysis had obtained a secure foothold in the more psychological departments of medicine, the rest would automatically follow : that is to say, the gradual penetration of psycho-analytical doctrine among the ranks of the profession, and the incorporation of truly psychological, i.e. psycho-analytical, points of view into general medical education. The naturalistic and biological outlook characteristic of both disciplines could only result in their reinforcing and supplementing each other to their mutual benefit. The study of mankind, and especially of suffering mankind, would attain this logical unity instead of being artificially divided into the two separate categories of physical and mental—a division which, try as we may, cannot be effected without doing gross violence to the facts of reality.

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After contemplating these imaginary pictures we have finally to close on the issue occupying us, and I would suggest in doing so that it would be advantageous to consider separately the various criteria on which our answers will be based. The criteria in question are the interests respectively of (1) the science of psycho-analysis itself, (2) the large class of persons capable of being helped by means of it, and (3) the analyst. I have named them in what is to me their order of importance ; others would perhaps change the order. It is plain that the individual arguments must overlap somewhat in their application ; for instance, what is good for the development of our knowledge will be good for the patient, and so on.

A. *The Development of Psycho-Analysis.* This criterion must in turn be subdivided as follows :—

1. *Internally.* By this is meant the inner development of the science and art of psycho-analysis irrespective of its expansion outwards.

It is admitted that the inner development of psycho-analysis would be deleteriously affected if all lay workers were excluded, and it is

probable that this would be even more so if all medical workers were excluded, for nothing could stultify progress in psycho-analysis more than to divorce it from the medical sciences. If the prediction stated above is correct, however, we are faced with the alternative of the workers being either predominantly lay or predominantly medical.

The innumerable connections between psycho-analysis and the sciences of biology, physiology and clinical medicine (particularly clinical neurology and psychiatry) would appear to be so important that the chief advances in future knowledge may reasonably be expected to come from those having the double training; the greater must surely include the less, so that a person doubly qualified would in most cases make more valuable contributions than one singly qualified.

In the nature of things the layman must confine his attention rigidly to the psychological aspects of his problems, although in reality nature is not so obliging as to make a correspondingly sharp distinction. The theory of neurosis-formation, the basal problems of bio-chemistry, heredity, somatic erotogenesis, etc., would remain a sealed book to him, and he would be more and more reduced to the position of a mere practitioner of an art. Now all experience shows that any divorce of therapeutics from pathology is sooner or later attended by sterilization. We have an excellent example in our own field. Medical psychology made no perceptible progress for nearly a hundred years, mainly because its exponents confined themselves to endless therapeutic hypnotising. It is as a symbol of this criticism that I have always protested against the idea that 'psychotherapy' could be regarded as a branch of medicine, instead of 'medical psychology,' 'clinical psychology', 'psychopathology', or any such word indicating that the workers in question were students of a science, not simply practitioners of an art.

In choosing, therefore, between the relative advantages of Plan A and Plan B, care for the progress in the inner development of psycho-analytical science would, in my judgement, lead us to attach greater value to the second one.

2. *In Relation to General Science.* I refer here to the external problem of the gradual acceptance of psycho-analysis by the rest of science, a process of which only the earliest signs are visible to-day. Although there might here and there be a few scientists whose interest and curiosity would be aroused by the sight of a new body of knowledge claiming to possess an independent discipline and status of its own, there can be little doubt that this would only enhance the prejudices of the majority. On the other hand, the idea of psycho-

analysis being, like psychiatry, a recognized special department of medical knowledge, and therefore subject to all the educational and professional conditions that go with this, would compel a degree of acknowledgment that would be extremely hard to encompass otherwise. That this would be the unanimous attitude of the medical profession itself goes without saying.

3. *In Relation to the General Public.* Though this is perhaps a matter of much less moment, it has, nevertheless, a certain practical importance. Without the countenance, and even support, of society at large, any branch of science is sure to languish in time, and this is particularly so in an executive art like psycho-analysis which must depend for its necessary material on the goodwill of at least a section of the public. Now, while there appears to be always a proportion of people whose choice of helper is dictated inversely by the qualification of the helper, who are instinctively drawn towards quacks, there is no doubt that the majority of reasonable beings prefer some guarantee, in the form of training and qualification, that they will obtain what they seek from the helper—namely, the ability based on the necessary knowledge. The progress in this rational sentiment is incorporated, however incompletely, in the laws of every country. It is to be presumed that such people would find a more secure guarantee in the double qualification of psycho-analysis and medicine than in either alone, and a large proportion are justly suspicious of the ' healers ' who constantly emerge in connection with every aspect of health and disease. In the case of psycho-analysis they fortify this attitude, together with their natural prejudices, by pointing out that they have more assurance of the ethical and professional standards so desirable in such work being supplied by members of the medical profession than by what is to them necessarily the unknown quantity of the lay analyst and his qualifications. Although we know the latter consideration has no real foundations, the prejudice itself is one more of the factors that have to be taken for what they are worth.

These considerations speak unequivocally in favour of as many analysts as possible being medically qualified. In the predictions presented above as consequences of adopting Plan A or Plan B respectively, the view was expressed that the latter would lead to psycho-analysis becoming in time a generally recognized department of clinical medicine, from which position its influence would radiate throughout the medical profession and beyond. One strict condition is necessary, as was remarked earlier in this essay, to ensure that the infiltration of

the medical profession should always remain a subordinate aim, and never become the chief one. It should, that is to say, always be subordinate to the furthering of psycho-analysis itself, as is true of every other special medical study: bacteriology and neurology, for instance, do not exist primarily for the purpose of infusing the medical profession with bacteriological or neurological principles, but for the advance of these particular branches of science. The condition in question is, of course, that trained psycho-analysts retain a corporate unity together with a high standard of analytic education.

There is a serious argument on the other side in this connection, on which Professor Freud rightly lays stress; it is, I surmise, the one that inclines him more than any other to favour Plan A. This is the fear that psycho-analysis may become 'absorbed' into medicine, particularly into psychiatry, the process being accompanied by such a degree of dilution as to render precarious our hold on the vital truths that are the distinctive feature of psycho-analysis. The possibility is a real one and we have even seen something of the sort at work already, notably in America. The matter cannot be decided by any argument, it being one of individual judgement. Personally my faith both in the essential nature of psycho-analysis, with its inherent power to resist any such encroachments, and in the inflexible steadfastness of thoroughly trained and experienced psycho-analysts is robust enough to enable me to face the prospect with considerable equanimity. In any case we are agreed that there is only one way of effectively meeting this danger and other similar ones; that is, to see, through the functioning of our International Training Commission, that our future analysts are provided with an efficient training.

It will be seen that the importance of this matter of training is again emphasized by the considerations brought forward in the present section. This is so, not only in the connection last mentioned, but in the earlier ones also. No scientist will take seriously the claims of a body of knowledge to be regarded as a branch of science until the discipline and education accompanying it are adequately organized.

I should like also in the present connection to state my opinion, based on years of experience in that continent, that the considerations adduced in the last two sections have a quite special weight in the case of America. Without wishing in any way to give offence to my American friends, I may call attention here to the familiar fact that, because of a series of historical, racial, economic and cultural factors whose

influence is quite inevitable, respect for the tradition of knowledge is by no means so widespread in America as in Europe. It is hard for Europeans to realize the almost incredible variety and number of pseudo-scientific charlatans in America, and the even more astonishing high social esteem they enjoy. The scientific professions are fighting gallantly against the clouds of ignorance that this state of affairs betokens, and one sign of their gradual success is the extent to which the charlatans find themselves constrained to pay lip service to technical training by establishing ' colleges ' and similar institutions ; there are already even several such ' colleges of Psycho-Analysis ', which increase the general confusion. A real Institute of Psycho-Analysis, open to the laity and independent of the medical profession, would unquestionably impose a formidable difficulty in the way of psychoanalysis becoming recognized by responsible people in America. Our American colleagues feel that their only hope is to unite psychoanalysis, as a special branch, with an already established profession, i.e. medicine, and when they take the view that the conditions in America are so different from those in Europe that psycho-analysis there should be *confined* to the medical profession, with some resentment against those European analysts who actively force the opposite solution on them against their judgement, I must say that I find it harder to disagree with them than do some Europeans with less experience of that interesting Continent.

B. *The Interests of the Neurotic.*

1. *The Interests of the Individual Patient.* There are to the individual patient several definite advantages in being treated by a medical analyst, assuming of course an equal level of analytic capability. The pre-analytic education in scientific discipline, including the knowledge of physiological mechanisms, affords a better opportunity for comprehension of a great many neurotic problems, which must be reflected in the practical work. The patient is ensured that the work will be kept to its proper field, and that it will not be allowed to invade the realm of the psychotic or somatic through diagnostic ignorance on the part of the analyst. With some cases, e.g. young or mentally undeveloped persons, patients during pregnancy, puberty or climacteric, etc., etc., a certain amount of general medical advice and supervision, including occasionally sexual hygiene, may be indispensable, and in such cases the advantages of the medical analyst are evident. Any temptation on his part to waste time by dwelling unduly on any such medical aspects cannot be reckoned as a counter-argument, because it would

represent an error in technique and we are not here considering erroneous analytic technique.

There is more to be said on the subject of *diagnosis* than has been hitherto. We have considered above the matter of initial diagnosis with the somatic and psychotic possibilities, and also the problem of those cases where the diagnosis has to be established during the analysis itself. There remains the still greater difficulty presented by the frequent interaction between the mental and physical spheres in the course of the analysis. It is certainly not to be disposed of in the cavalier fashion of Professor Freud in his remark that in this respect lay and medical analysts are in the same position because the rules of psycho-analysis forbid physical examination and therefore render consultation with an outside physician necessary. Physical examination is only one of the numerous ways in which medical knowledge can be of use. Let me illustrate this at once by a clear case, one out of many in my experience; most medical analysts could doubtless supply similar ones. A patient, a man in the thirties, mentioned that he had pain in the neighbourhood of the anus when going to sleep. He himself wanted to explain the pain as a paræsthesia, of the kind so common in this region, probably aroused by our current discussion of his anal-erotic complex. Various features, however, in the distribution, quality and occurrence of the pain stirred elements of my medical knowledge, and I urged him to consult a surgeon at once. An early carcinoma of the rectum in an unusually favourable state was found, and a formidable operation performed without delay. That was more than ten years ago and the patient, well and happy, is now engaged in an active professional life. Rectal cancer has in general such a bad prognosis that a very little hesitation and delay would probably have meant a horrible death. It is plain that the lay analyst cannot be expected to run to a physician over every ache and pain his patient manifests, so that he has to share with the patient the responsibility of deciding when such a step is necessary. He can, of course, shirk the responsibility under the plea that he is concerned only with the patient's mind, not with his body, just as a teacher of languages would be; but this would be a small consolation to such patients as the one described above. Nor can he fairly avoid the responsibility; for bodily manifestations, both conversion and 'transitory' symptoms, are a considerable part of the material he is dealing with. How is he, with only one-sided knowledge, to surmise whether a temporary attack of vomiting is of psychical origin or is due to food poisoning, whether a colic is due to intestinal

complexe or needs to be examined from the point of view of mild appendicitis, or any other of the endless similar problems that occur from day to day? The alertness to danger signals is only one part of the general perspective in regard to physical manifestations which is so advantageous in psycho-analytic work, and the judgement that provides such a perspective is one that can be obtained in no other way than through medical training.

I do not find it easy to think of any advantage that would accrue to the individual patient from his analyst being a layman. Perhaps one might reckon in this connection that a lay analyst, being put to so much less expense, can afford to charge lower fees, which would, of course, be an advantage to the patient; but the whole field of analytical economics, with the question of public clinics, is so complicated and fluid that it cannot properly be dealt with here.

2. *The Interests of Neurotics in General.* Here may be adduced an argument which is, in my opinion, the most weighty of those supporting Plan A. It concerns the supply of analysts. There can be little doubt that Plan A would have the effect, in a few years' time, of creating a considerably larger number of psycho-analysts than Plan B would; for the decrease it would surely lead to in the number of medical analysts would be more than counterbalanced by the ready access of lay candidates. This increased supply of analysts would, of course, be in many ways to the advantage of the large mass of neurotics. This holds good for the number itself, and perhaps still more for the probable consequence that analysts would then be more widely distributed instead of concentrating, as at present, in a few centres.

There is, on the other hand, one argument in this connection which has to be taken into account in support of Plan B. Reckoning, as we must, with the very imperfect discriminating powers of the general public, a feature familiar enough to everyone engaged in practice, we should have to anticipate many unfortunate results of psycho-analysis being regarded as an independent, and predominantly lay, profession. The medical analyst can cope with the wild analyst in his own profession, for he knows that in the light of open scientific discussion it is only a question of time before the pretensions of the latter will be exposed. As regards the wild lay analyst, he is doubly equipped. But under Plan A the real lay analyst would be in a far less favourable position in regard to the wild lay analyst, for the judgement concerning the two would be pronounced, not in a sphere of scientific discussion, but solely in that of general publicity, with all its unedifying accom-

paniments of advertisement, newspaper campaigns, etc. The net result, apart from its deleterious effect on the status of psycho-analysis, could only be harmful to the general interests of neurotics that we are here considering.

C. *The Interests of the Analyst.* There are several definite disadvantages to the analyst in not being medically qualified, and only one serious advantage. Among the former I would rank highly the circumstance that the lay analyst must encounter hard and fast limitations to his thought and judgement in many of the problems he has to consider. By this I do not refer solely, or indeed mainly, to the diagnostic doubts that must occur during the course of so many analyses. Even more important is the limitation to his understanding of the ultimate mechanism of the bodily neurotic symptoms and of any fundamental problem concerning the genesis of neuroses altogether. The relation of erotogenicity to the non-sexual functions of the organs concerned (on which so much of somatic symptom-formation depends), the relations of internal secretions to changes in libidinal and other instinctual activity, the chemistry and physiology of the body and the relation of this to the emotional life, are only a few of the problems where it is desirable for the psychopathologist to be able at least to form some general judgement, to be correctly oriented in his perspective.

I hold definitely that a worker who excludes important aspects and connections of his field of activity is at a serious disadvantage as compared with one not thus restricted. Not having the right to think freely on the 'medical' aspects of his work, both diagnostic and theoretical, must often bring the risk of inhibiting his powers of original thought. And, as was pointed out above, a pure 'practitioner' is rarely such a good practitioner as one who is equally interested in the general pathology and theory of the material on which he is practising.

Even in minor ways, all of which cannot be enumerated here, the lay analyst is placed at a constant disadvantage. To mention only one little example. When a patient has to consult a medical specialist, the lay analyst has little means for checking the latter's recommendations and distinguishing between those that are serious and the numerous *placebos* to which he has so often to have recourse. If a minor operation is advised, or a fortnight's change of air, or a course of medicine that may concern the analytic work (e.g. hypnotics, purgatives, etc.), the analyst has no authority to make his opinion heard on the important matter of having the analysis thus interfered with, possibly at a critical stage. A consultation with the specialist on equal terms is

rarely possible, and the analytic situation has to suffer from this lack of harmony.

These limitations under which the lay analyst has unavoidably to suffer cannot make it easier for him to maintain the equable confidence so essential to his work. His disadvantages and inferior position must often bring the temptation to have resort to artificial devices for maintaining self-respect (assertiveness, etc.), thus necessitating an exceptionally high standard of self-confidence and serenity to which everyone, even among the analysed, cannot lay claim.

Against all this the lay analyst can counter with one solitary, though substantial, consideration. He has been spared labour, time and cost in dispensing with a medical qualification. The advantage of this is at its maximum at the time of making a decision, but it constantly recedes as time goes on, while the disadvantages accumulate. One wonders how many lay analysts sometimes doubt in later years if the sacrifice they made to their dislike of labour was not too heavy.

* * *

I wish to leave the reader in no doubt about my *conclusions*, and so will present a summary of them here.

To begin with, what is perhaps the most important : no amount of proclaiming that it is a matter of indifference whether analysts are medically qualified or not can, in my judgement, alter the fact that this is in reality not a matter of indifference to the future of psycho-analysis, to its progress either internally or externally. Both the internal and external bonds between psycho-analysis and clinical medicine, which have been discussed above at length, are fundamental in character, and they can be ignored only at considerable cost to psycho-analysis. These bonds impose a relationship between psycho-analysis and medicine, and we have to decide what this relationship shall be. In my opinion, there is no half-way measure in this matter ; we have no option but to choose whether we wish the profession of psycho-analysis to be in the future either predominantly medical or predominantly lay. For the authorities, i.e. the International Training Commission, consistently to assert that a medical qualification is irrelevant for the practice of psycho-analysis could only end in making it irrelevant ; this would mean reducing in time the medical analysts to a minimum, with fateful results to both the inner and outer development of the subject.

I have given the reasons above why I definitely advocate that psycho-analysis remain an essentially medical organization and

discipline. Our endeavours should be directed to influencing first medical psychologists and psychopathologists, then psychiatrists, and through them the rest of the medical profession ; from this authoritative position its influence would then radiate to the ancillary sciences, as has often happened before in similar situations. This appears to be quite a hopeful proceeding, the success of which, however, will depend on our maintaining a united corporation of highly-trained analysts.

On the other hand, I can see no valid reason for excluding lay analysts from co-operation in our work. Such reasons as exist appear to me to be far outweighed by the loss psycho-analysis would sustain by the absence of lay colleagues. We know that a lay analyst can in many cases, though assuredly not in all, conduct an analysis quite as well as a medical analyst, and therefore a place should be found for him within the psycho-analytical organization provided certain external precautions be taken. Among these I regard it as essential that a lay analyst should not engage in independent practice ; it is necessary that he consult with a physician at the outset of an analysis, and often desirable that he remain in contact with one during its course.

For the reasons previously considered at length I advocate that the International Training Commission urge lay candidates to obtain a medical qualification, and that they exercise a strict selection among those to whom such a course appears inexpedient. The criteria according to which such a selection should be made is a matter on which further discussion will be needed after we have agreed on the preliminary principles ; prominent among them I should place type of personality and character and nature of previous scientific education.

The questions which the Congress, and through them the International Training Commission, will have to answer would appear to be essentially three : (1) Are lay analysts to be altogether excluded in the future ? (2) If not, are they to be admitted unquestioningly (Plan A) or only after they have shown adequate reasons why they cannot undertake a course of medical study (Plan B) ? (3) In the event of a divergence of opinion in different countries what is to be the attitude of the corresponding Training Committees ?

This last question, which has hitherto not been discussed and which urgently needs regulating, must be faced in spite of its delicacy, for much of the feeling displayed in connection with the whole matter of lay analysis is bound up with it. The day is fortunately passing when any individual analyst could arrogate to himself the responsibility for training candidates in psycho-analysis, since this is being taken over

by the various Training Committees. Assuming that these function in all countries as we hope, they will have to decide on what attitude to adopt with candidates who present themselves from foreign countries. Human nature being what it is, there is no doubt that the feeling of responsibility tends to be much greater if the candidate is a fellow-countryman, and therefore potentially a future colleague, than if he is a foreigner whose possible deficiencies will vanish from sight with his departure and will only afflict distant colleagues. Those analysts who take the view that a little psycho-analysis is better than none may have no compunction in working for a few weeks with a notorious charlatan, who then returns to his native country with the imprimatur of having studied with so-and-so (it not being necessary to specify the satisfactoriness or otherwise of the study), but it cannot be expected that the analysts who have to deal with him on his return to his native land will show unqualified enthusiasm over the proceeding.

I hold definitely that in regard to the present question the various national groups should be accorded a high degree of autonomy. If such a group, which should be in the best position to judge the particular requirements and conditions of their country, come to a definite decision in one direction, then any attempt on the part of any others of the International Association to override this and force a contrary decision on them (e.g. by training analysts from the first country which the Training Committee of that country regard as undesirable) can only lead to friction between the groups and act in the long run deleteriously on the interests of psycho-analysis as a whole.

This consideration among many others shows how very desirable it is for the International Association as a whole to come to some united, and as far as possible unanimous, conclusion about the questions discussed in this essay. For this to happen it is evident that concessions must be made on both sides. By rejecting the various extreme solutions, I have indicated a *via media* which seems to me to be at the same time just, advantageous and practicable.

II

HANNS SACHS

BERLIN

Every practising analyst will be interested in this question, not merely theoretically, but also personally—most of all, of course, if he is himself a ' lay ' analyst. This circumstance induces me to submit an account

of my own field of work and the impressions I have gained from it, instead of discussing the matter from an impersonal standpoint. Apart from the fact that this course makes it possible to judge the egoistic bias in my opinions better, the special conditions of my field of work show the problem from a fresh point of view. In fact, after the arguments Freud has put forward, there remains little of importance to be said, so that, in spite of its particular limitations, a practical example is preferable to a polemical argument, which—at any rate on one side—can only repeat what has already been said.

I am now in the seventh year of my appointment as Training Analyst at the Berlin Psycho-Analytical Institute. The analysands in training with me were or are, with few exceptions, medically qualified or studying medicine. From the beginning my whole time has been fully engaged in this work. Four years ago the number of students increased so much that I could not deal with them all singlehanded, and a colleague joined me who is himself a medical man and has been through a very thorough medical training. No difference in our methods of work, however, has ever been detected, either by ourselves or by our colleagues. Being so much occupied with the training of analysts, I am only occasionally able to undertake therapeutic analyses ; such cases are always either relatives of, or closely connected with, some member of the analytical circle, and are sent to me for treatment by the colleague in question. It need hardly be said that such a close process of elimination leaves no loophole for any doubt about the suitability of these cases for psycho-analytic treatment.

Even among the members of the Association the strongest opponents of ' lay ' analysis have no objection to raise against the state of things I have just described, so that my personal interests will not be affected by the decision in regard to the admission of lay analysts. On the other hand, the peculiarity of my position has given me the opportunity of hearing every imaginable objection against lay analysis in every possible form and shape—precisely as my analytic colleagues hear their patients reproducing all the arguments and proving all the conclusions of the adversaries of psycho-analysis—for very few of my medical analysands have omitted to use this weapon against me and to sharpen its point as much as possible. The effect which the weight of these arguments makes on me has been by no means increased by this experience ; while, at the same time, I feel that I have acquired a certain immunity against the affects connected with this matter.

In the course of this work I have made the observation that the

two classes of which my analysands consist differ from each other merely superficially—in the purpose for which they come to be analysed and in the state of mind with which they begin. Severe recognizable neuroses are naturally far commoner among my patients than among my analysands in training, but as the analyses proceed one observes that this fact has no decisive significance. Character-anomalies, inhibitions, disturbances in the emotional life, which in ordinary intercourse have to be accepted as troublesome but unavoidable traits, reveal their true nature only during psycho-analytic treatment—no matter whether it is undertaken for purposes of cure or not. One gets a view of the full extent of the disabilities they have caused, understands how they are determined by the Ucs, sees them rooted in the infantile sexual development and concludes in consequence that therapeutic measures are as requisite in these cases as in a neurosis. When one finds that it takes at least as much time and trouble to carry the treatment through with such persons as to cure a neurosis, there can no longer be any doubt on the point. My training analysands are on an average decidedly not below the level of the ordinary ' normal ' person of the same social standing, nevertheless, I have had to learn to regard the difference between ' patients ' and ' pupils ', and consequently between therapeutic and training purposes in analysis, as of merely secondary importance.

' What's sauce for the goose is sauce for the gander '—if my qualifications suffice for training analyses, then they must (of course, with the necessary limitations prescribed by Freud) be adequate for the treatment of neuroses too.

A few words in conclusion on the lay analyst's situation with reference to intercurrent illnesses. It has to be remembered that on the one hand all symptoms of organic illness—not excepting fever or hæmorrhage of the lungs—can be perfectly imitated, either singly or in numbers, by a conversion-hysteria, and, on the other hand, the fact that an organic symptom fits completely into the whole nexus of the processes which are being uncovered, and serves the same tendencies, is no evidence against its having an organic cause. For even if we leave entirely on one side the question of the initiation of organic illnesses by the Ucs (or Groddeck's ' Id ') the fact remains that the pathological processes due to organic factors are made use of in the interests of the mental situation, and that this determines or partially determines the date of outbreak of the manifest illness the relative intensity of various symptoms, the degree of sensitivity to pain, etc.

The part played by organic factors can be ascertained with any certainty—if, indeed, it is possible at all—only by an exceedingly searching examination, from which, as we know, the medical analyst is as much debarred by the rules of psycho-analytic technique as the lay analyst (and for which too he would in most cases not feel himself fitted, for lack of the requisite special knowledge). Both the medical and the 'lay' analyst in such cases will take the course of advising the patient to consult some trustworthy specialist who possesses, if possible, psychological insight, and, for his own part, will keep in mind the psychical determination and significance of the symptoms, unperturbed by considerations relating to organic therapy.

III [1]

C. P. OBERNDORF

NEW YORK

The followers of Professor Freud have become accustomed to awaiting the publication of each of his works with the expectation of fresh stimulation and inspiration, and in this expectation his most experienced followers have not been disappointed in the remarkably clear and interesting little book *Die Frage der Laienanalyse*, which, though intended for the intelligent uninitiated, clarifies many points in the ever-changing theory for the advanced student of psycho-analysis. However, I feel that *Die Frage der Laienanalyse* has been published at a time when the ultimate place and application of psycho-analysis, either as a social force or as a therapeutic agent in the treatment of disease, is far from being determined, and Professor Freud's endorsement of non-medical analysis is comparable to the premature incision of an ugly-looking subcutaneous inflammation which has not yet come to a head, and which perhaps might after a period of irritation have vanished without surgical interference.

Since the question has been brought to a square issue, it is necessary to examine minutely the basis and feasibility of Professor Freud's position, namely: 'The preparation for analytic practice is by no means easy and simple, the work is difficult, the responsibility great. But whoever has completed such a course of instruction, has been himself analysed, has grasped as much of the psychology of the un-

[1] Read before the New York Psycho-Analytical Society, November 30, 1926.

conscious as can be taught to-day . . . etc., that person is no longer a layman in the domain of psycho-analysis' (p. 84). This postulates that psycho-analysis is in itself a particular profession, and that its domain is fairly definitely known.

The main issues involved, it seems to me, are: (1) Can a person become a competent analyst without a medical education? (2) If this first question be answered affirmatively, is it in the public interest that he be allowed to practise psycho-analysis without meeting the requirements for the practice of medicine of the community in which he operates? The first question is, of course, general, the second largely dependent upon the local conditions which are probably not identical in any two countries at the present time.

Before considering them, however, let us examine some of the circumstances which have apparently led Professor Freud to his stand. One must agree that the recognition of psycho-analysis came slowly and that the medical profession as a whole reluctantly interested itself in the subject, but it is no accident that, as Professor Freud says, 'four-fifths of his recognized students are doctors of medicine,' and that the introduction and spread of scientific psycho-analysis, at least in America, has been due almost entirely to the efforts of physicians. Moreover, Professor Freud is misinformed when he says that in America ' anyone who wishes, can, as a quack, treat sick persons at his option, if only he assumes the responsibility for his acts '. America is a large territory, and each State reserves the right to make its own laws governing the treatment of the sick. These laws are constantly undergoing revision to meet ever-changing conditions and additions to the practice of medicine, but in most States, particularly in New York State, the spirit of the law forbids the professional treatment of the sick by any but a doctor of medicine. The scope of medical practice laws in America is constantly being attacked by groups who wish to evade the rigorous State examinations and the high requirements of the better medical schools by the arbitrary establishment of special domains in which they may be permitted to practise in a special manner, such as osteopathy, chiropracty, naturopathy, podiatry, chiropody, etc. There seems very little difference between the contentions that osteopathy is a special domain, that he who knows osteopathy is not a layman in this field, and Freud's position in regard to the analyst; and yet experience in America repeatedly shows that these cults have served as an entering wedge for the unskilled and inefficient to extend their activity into fields where they are unqualified and

harmful. The laws of New York State are signally liberal in their absence of any restrictions as to the methods of treatment of disease conditions—physical, surgical or psychical—which may be employed by the medical graduate. The State merely demands that he be instructed in all phases of disease and have attained a definite grade of preliminary education.

Professor Freud clings continuously to the terms 'symptoms of disease of the nervous', 'the patient', etc., but then avers (p. 24) that 'the material of which the mental system (*seelischen Apparat*) is composed is of no psychological interest', and 'we will pass over the point of view of the composition of mind'. This would be all very well were it not that the very symptoms which he cites as typical of cases presumably open to analysis, namely, 'changes of mood, despondency, difficulty in performance of his daily tasks, headaches', etc. (pp. 9–10), are precisely those caused by an alteration in the 'stuff' of the mental apparatus, as happens in general paresis, endogenous and exogenous intoxications, cerebral arterio-sclerosis, etc. It is striking how constantly Professor Freud in the explanation and expansion of his theory in his latest book, *Hemmung Symptom und Angst*, falls back on the physiology of function, anatomy and pathology, which he knows so well and utilizes so shrewdly in his interpretations and criticisms.

Professor Freud's controversy with psychiatry, physicians and medical schools for the neglect of the psychical aspects of disease and life has still its justification, but was more valid fifteen or twenty years ago, before the untiring industry and originality and the genius and unfaltering courage of Freud himself, by revolutionizing medical psychology, gave to the physician a vista into the mysterious phenomena of the neuroses and a weapon for their amelioration. The physician had remained puzzled, helpless, but not always disinterested in the face of his psychical problem, and, in his inefficacy, the desire to aid led him into stupid procedures. The huge mass of facts and methods contributed to medicine by chemistry, physics, biology, etc., during the last half of the nineteenth century quite swamped the composite science, which in a violent reaction from soothsaying and mysticism neglected the mental side—perhaps because in their lack of knowledge and deeper insight physicians had been compelled to rely so long and disastrously upon the emotional value of sympathy and the transitory benefits of deception or encouragement.

The medical schools have been slow to introduce psycho-analysis, slower, perhaps, than the results achieved by the procedure would have

warranted, but medical schools have learned to be wary through the recurrent necessity of abandoning many new subjects or methods urged upon them, later to be found useless. However, in America, the psychological aspect of medicine is gradually coming to a prominent place in the medical curriculum, and with it some acquaintance with psycho-analysis. The amount of time allotted to various branches, and even specific diseases, varies in the flexible scheme of medical education, and now in the best medical schools in this country a great latitude is granted the senior student. Some have even as undergraduates shown a lively interest in analysis. Psychiatry as taught in medical schools does take cognizance of psychology, and is daily making more and more use of Professor Freud's discoveries, though not always giving credit to the originator—at times not even aware of the psycho-analytic origin of the ideas which it proposes.

Let us agree at the onset that a physician without a course of instruction in psycho-analysis considered essential to-day, cannot become a satisfactory psycho-analyst—but, on the other hand, can a person without a medical education become a competent analyst ? I think he cannot, unless he be very exceptionally trained, by which I mean that he have acquired a grasp of human physiology, anatomy and pathology rarely attained excepting through a medical course. The close inter-relationship between body and mental processes, the universal characteristic of the symptom resulting from the conflict of the ego, the super-ego and the instinctive urge to find expression in disordered somatic physiology, makes a knowledge of both physiology and pathology essential. In my analytical experience—extending over a period of fifteen years—I cannot recall a single case where in the evaluation of symptoms I have not been compelled to fall back upon medical training and a knowledge of the functioning of the body in health and in disease. At times even in the most benign appearing maladjustments, one finds oneself before long, as one progresses with the analysis, plunged into a situation depending upon many varieties of bizarre physiological misconceptions on the part of the patient.

Aside from the interpretation of complications arising during the analysis and the difficulty in the diagnosis of a complaint being preponderatingly organic or psychically determined, the differential diagnosis between neurosis and psychosis can often only be made after some hours of analysis, and, as is well known, during certain phases of manic-depressive psychosis as well as in certain stages of schizophrenia, psycho-analysis is not only a futility but a fallacy. The study of

psychoses is so evidently connected with medical problems—infection, exhaustion, intoxication—that Professor Freud does not propose to include them in the domain of analysis. Moreover, he fails to explain how the non-medical analyst can recognize what he does not know and cannot be supposed to know. I think, too, that psycho-neurotics are ' sick people ', and not merely psychological oddities, in the handling of whom a knowledge of the general reaction of people in sickness is invaluable. In the fancied school of psycho-analysis, the curriculum proposed by Professor Freud would include ' aside from Tiefenpsychologie, which would always remain the principal subject, an introduction to biology, the scientific knowledge of sexual life in its widest possible scope, an acquaintance with the disease pictures of psychiatry ' (p. 116). Unless the instruction in these branches is superficial indeed, it will come very close to covering the entire field of medical instruction.

Let us consider the feasibility of educating the non-medically trained to undertake analysis, as a matter of public welfare and with a view of the ultimate standing of psycho-analysis as a scientific subject, if, without a medical education, they could be adequately trained. Laws in all countries in the matter of public safety and health, whether they concern pedagogues or plumbers, cardinals or chauffeurs, have been enacted to protect the ignorant and credulous, through some form of license, from the pretentions of persons not adequately equipped, but unscrupulous or ignorant enough to undertake their care. Psycho-analysis is a method peculiarly adaptable to the customary procedure of quacks, since it does not admit the presence of a critical third party, and is particularly available since it does not involve any physical interference with the patient in connection with which demonstrable injury might be attributed and damages claimed.

Professor Freud says, ' moreover, the laymen who practise analysis to-day, are indeed not indiscriminate, irresponsible individuals, but persons with academic training, doctors of philosophy, pedagogues, and a few women of great experience in life and exceptional personalities '. These are undoubtedly the people of whom Professor Freud knows, a handful of earnest students whose integrity has prompted them to equip themselves in the best manner open to them. The people of whom the Professor does not know, and who are not interested in the master or essentially in his theory, are the hundreds who seek to exploit the sick or add to their own prestige by claiming to be exponents of a valuable method and difficult science. Psycho-analysis is so difficult a subject for the ordinary individual to comprehend that the

latter easily becomes bewildered as to its aims and value, and in his dilemma the average person would class the trained psycho-analyst, the skilled psychiatrist, the analytic physician, with the latest novitiate who assumes to call himself an analyst when surfeited with the boredom of social functions, or the scamp who sees an opportunity for financial gain through quacking—such as the correspondence school psycho-analysts who operate in America. Professor Freud mentions the efficient institutes of psycho-analysis of which he has knowledge in Berlin, Vienna and London, but I doubt whether he has ever heard of the American College of Psycho-Analysis, incorporated in the State of Illinois on November 21, 1923, and located in Chicago, or, for that matter, of the Institute of Psycho-Analysis in New York City, neither of which, I suspect, would meet with his approval.

There is little doubt that following the example of the chiropodists and chiropractors this class will soon be clamouring for special recognition as 'doctors of psycho-analysis', an ill-trained, uneducated, irresponsible group, free to play at battledore and shuttlecock with a term representing one of the greatest efforts in thinking of the present century. There is no desire on the part of American psycho-analytic physicians to keep the valuable truths and inestimable sidelights which psycho-analysis has rendered available to other intellectual trends from those interested specifically in these fields; but it would seem that in the interest of both analysis and the public, the practice of it should be limited to those acquainted with all the problems of health, and the handful of non-medical analysts who might be considered eligible must be deprived of the privilege of practice, as in many similar instances, in the interest of the welfare of the overwhelming majority.

Professor Freud does not believe that psycho-analysis has anything to gain from an amalgamation with medicine—he fears its fate should it become an appendage to medicine, a medical speciality, instead of a speciality in itself. In his attitude the tail seems to be swinging the kite, for psycho-analysis is more closely merged with medicine in general than are several other specialities given to medicine in recent years by physics and chemistry, such as X-ray diagnosis and radium therapy, which demand a technical skill and post-graduate study quite comparable to that necessary for the practice of psycho-analysis.

Professor Freud believes that the length of a medical course and the disappointing remuneration from analytical practice are sufficient to deter physicians from specializing in psycho-analysis, while the need for analysis is so urgent that analysts should be produced without the

burden of this long preparation. As a matter of fact, the number of people suffering from neuroses who are willing to submit to the tedium and sacrifice of a thorough psycho-analysis is not so very great. The number who are willing to play a while with analysis, either as analysts or subjects or both, has always been legion. It is much easier to produce analysts than to carry the treatment of a neurosis to a successful issue, but, in actuality, in America at least, an increasing number of the brightest medical graduates are willing to prepare themselves properly for analytic work in exact accordance with the ideals of Professor Freud and his ablest assistants.

The non-medical arts and sciences—history, philosophy, mythology, anthropology—have contributed little to psycho-analysis excepting in the way of corroboration and amplification. It seems to me that only to medicine and its many contributing and allied sciences can we look for the ultimate solution of the mystery of the neuroses and the psychoses ; the reason why one individual develops a neurosis and the other not ; the inter-relationship of organ and function, of symptom and pathology—the stero-chemistry of the psyche, to quote a term of Ferenczi ; to determine, possibly, the approximate localization and structure of the region we call the unconscious and the ego ; or even, with the aid perhaps of the biological or physical chemist, to discover the very nature of that elusive force which to-day we call libido.

IV

JOHN RICKMAN

LONDON

§1. Terms of Reference
§2. The Requirements of Analytic Work
§3. General Educational Principles
§4. Legal Aspects
§5. Administrative
§6. General Considerations

§1. (i.) To enquire what pre-analytical educational standard should be required ; and

(ii.) What administrative measures will be needed if lay analysis is to become a recognized professional activity.

§2. The Requirements of Analytic Work

Analysis is at bottom a technique by which the analyst is able to investigate the mind of another person (by means of a modified intro-

spection) and the patient to perceive, and so to control forces operating in himself which were formerly inaccessible to his consciousness. The difference between the two people lies in the superior power of the former to set aside resistances and to operate with smaller quantities of cathexis [1]; the aim of the analysis is to give to the patient in this respect the capacities of his analyst.

The aim in the education of the analyst is two-fold, first, to overcome his own resistances (this requires a personal analysis), and secondly, to develop his power to perceive the relations between objects existing in the outer and inner world respectively, i.e. first, to remove a libidinal inhibition, and secondly, to develop the capacity of an ego- (intellectual) instinct. In Ferenczi's terminology, we might say that both ends of the psychical function need to be dealt with, the genital and the intellectual. It is not sufficient that either one alone be the object of the educationalist's care; love forges bonds with the outer world and promotes action, whereas thought forges no bonds and promotes no action, but opens up endless new combinations of relationships without doing anything with them (Ferenczi's ' unconscious reckoning-operations '—' an auxiliary organ of the sense of reality '). A properly functioning mind oscillates between the libidinal and ego-cathexis, between an introjection of the outer-world guided by love followed by an unconscious process in which the introjected material is split up into its elements, these are joined by other memory presentations and recombined, the recombinations are sorted and finally delivered for preconscious and conscious reality testing. What is of importance here is that two quite different mental functions are involved. The analysis of the candidate effects removal of affective inhibition without *adding* to the intellectual function.[2]

It may be asked if there is anything in the intellectual sphere comparable in effectiveness with analytic solution of neurotic and characterological conflict and defect, and whether it is not vain to expect anything valuable to be done to the intellect after, say, the

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[1] I.e., to perceive the beginning of the development of an impulse instead of having to wait till it develops sufficient force to overcome the resistance.

[2] It may be urged that the candidate can watch the mind of his analyst at work, and that this must not be forgotten as a feature of intellectual education, but the transference disturbs this to the very end of his analysis, so it should be neglected in an educational scheme.

onset of the latency period ; and if there is really nothing comparable in effectiveness with the analytic work on the libido, the question arises whether any preliminary educational standard is necessary at all, whether a peasant's mother-wit would not—if 'analytically' freed—meet the needs of practice. The putting of this last question brings forward a new point, namely, that the pre-analytical educational standard is desired not so much that the candidate shall come well stored with facts of knowledge as that he should have had experience in handling data and of the methods employed in weighing evidence. But to return to an earlier question, whether any education can do for the intellectual function what analysis can do for the libidinal. The answer being in the negative leads to a fresh question, whether it matters what *direction* the previous education has taken. The answer here clearly involves early libidinal as well as intellectual preoccupations (e.g. theology and the Œdipus complex, medicine and sadism, chemistry and the anal stage, mathematics and narcissistic omnipotence). The moment the matter is put in this way it is obvious that as far as the libidinal aspect goes no logical rule can be formulated, since theology is the least and mathematics the most scientific of the representatives just mentioned.

Our attention is turned to the purely intellectual aspects of pre-analytical education, and, always assuming that some standard is necessary, we may ask what are the criteria of desirability between say a training in science, classics, modern languages, literature or history. The criterion lies in the attempt made in the various mental disciplines in question to overcome the omnipotence phase of ego-development. Only in science is this found as a predominating characteristic, accompanied, it is true, by a tendency to an over-projection of the 'psychical reckoning-machine' as in the psycho-phobia of neurologists. In classics and literature there is no systematic attempt at overcoming this defect. *'Because all the results of science are obtained by a common method they naturally integrate into a homogeneous body of knowledge'. It is of the first importance that the candidate should have experience in the methods of integration in the physical sciences before he undertakes the more complicated study of the mental sciences. Psycho-analysis lies nearer to physiology, biochemistry and morphology, than to the laxer disciplines of literature, art and history. The candidate must, therefore, have taken a decisive step in the direction of scientific method before he can be admitted to the professional ranks of the psycho-analysts.* As to the *standard* required in the science education, it is in conformity with

practice elsewhere to require a degree, and this will ultimately have to be insisted on.

§3. The aim of education in medicine is not so much to fit the candidate for the standards of work in general practice current at the time of his matriculation, as to furnish him with an equipment in the various branches that will enable him to follow intelligently work done in any of the ' specialities ', not only in the present, but, to some extent, in the future. The same aim must hold in psycho-analysis. Because instincts are threshold phenomena between the psychical and physical, both psychical and physical worlds must be studied systematically. Because myths and dreams are possibly connected with racial history, and because the latter may influence the formation of instinctual and presentational groupings into diseases and symptoms, it is necessary to know something of pre-history, just as a course of zoology and embryology is included in the medical curricula to prepare the mind for meeting anomalies of physical growth. *Professional education must always be planned on what may at first seem an unnecessarily elaborate scale, or the practice of the profession will suffer in the long run.*[3]

§4. Legal Aspects

The law in England (i.e. the judgements of the courts in an action at law) confers remarkably few privileges on the medical profession, but those few are precious, the two most important being: (*a*) the recovery of reasonable fees, and (*b*) the presumption that acts done in the course of professional work are done in good faith, i.e. without malice. A privilege is never accorded without an obligation, and this, in the case of medicine, is less definite. It is probable that at the root of this obligation lies the acceptance and carrying out by the practitioner of the long prescribed course of medical studies, submission to the discipline of a special body appointed for that purpose and maintenance of the current standard of ethics.[4] Before a body of practi-

[3] Analytical speculations give a clue to the reason for this: where satisfaction is allowed to run hot on the heels of impulse there is small chance of anticathexis having scope for its culturally beneficent work.

[4] Mrs. Riviere, who was shown the MS., comments on this paragraph as follows :—

' " The obligation " of the medical profession is surely the generally assumed compulsion they are under to render assistance to anyone who needs it, when needed. I cannot see that psycho-analysis will entail this obligation ; it is a question therefore whether psycho-analysts *will* enjoy these two privileges of the general medical profession. They will, of course,

tioners of psycho-analysis (not being medically qualified) can claim professional rank, it must be clearly demonstrable that they have already accepted an obligation, and are therefore entitled to the privilege.

When the obligation is recognized, it will be time to start a register, not before.

§5. Administrative

(*a*) The administrative measures required within the profession of psycho-analysis would follow the course now being shaped by the British Psycho-Analytical Society and the Institute of Psycho-Analysis;

(*b*) Those relating to other professions should probably comprise only three rules: (i.) there is to be no transfer of patients without the consent of the former practitioner.

(ii.) No patient to be undertaken for treatment by a person not medically qualified who has not been examined first by a medically qualified person; and

(iii.) Refusal to meet in consultation persons who have not subscribed to a recognized obligation.

(*c*) The public would get protection from quacks in psycho-analysis; this can only be done if the practice of psycho-analysis is hall-marked as is the practice of medicine, surgery, dentistry, nursing, massage, law, architecture, surveying, accountants, etc., by instituting a disciplinary body, an obligation and a register.

§6. General Considerations

In psycho-analysis therapy is to be kept sharply distinct from diagnosis; the latter must be left to medically qualified persons.

The question is whether the lay analyst should be classed as a nurse or masseuse, or as a laboratory assistant. In fact, neither of these categories fits, and this makes the matter difficult of comprehension to other professionally minded people. If psycho-analysis were a prescribable treatment like massage, there would be no difficulty; the physician knows a good deal about the anatomy and pathology of the part to be treated, and limits the therapeutic procedure he delegates

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have other "obligations" quite as peremptory and disagreeable (e.g. self-effacement and complete disregard of personal reactions while devoting all possible attention to patients' interests, etc.), but when will these self-sacrifices be recognized as worthy of corresponding privileges?'

This is a strong point. I do not, however, think that his First Aid or emergency obligation (which coroners lay stress on) is the qualified man's chief title to his privileges.

to a narrowly prescribed process. But psycho-analysis is more like a highly complicated laboratory technique in which investigation of new disturbing factors plays a very large part in the process itself. In addition to this it is a particularly close human relationship (in which it approximates—to continue the analogy mentioned above—to nursing). The administrating bodies will therefore have to recognize all these features and not expect the physician who hands over the case to a lay analyst to be able to prescribe the course of treatment in minutiæ, nor is it reasonable nor in the interests of public policy that he should be forbidden to hand on his patients to properly trained persons.

The question comes back again to education : the analyst (whether lay or qualified) has to exert the social tact of a nurse and the intellectual precision of a skilled laboratory technician. The training will therefore have to accord with these requirements, and it may be added that commensurate fees will have to be recognized as reasonable for a lay analyst to charge. He or she must not be pushed to a lower standard of living than is proper to a person of his or her intellectual training and social status. The tendency in nursing now is to raise salaries and improve the grade of candidates, among lay psycho-analysts the standard should be high from the start and maintained at a high level, and the administrative attitude in all professions must not countenance anything tending to lower status or performance.

V

EDWARD GLOVER

LONDON

In the following discussion of the problem of lay analysis I have gone on the assumption that each contributor is free to express his individual prejudices and to support these prejudices with the best rationalizations at his or her disposal : in fact that, as some decision on immediate policy seems desirable, there is no necessity to cloak any uncertainties behind an attitude of alleged scientific detachment or *laissez faire*.

To begin then with dogmatic assertion : it seems to me that there are two main avenues of approach to this subject. The first is an essentially practical one, viz. what attitude should be taken or what policy should be adopted under existing conditions, whilst the second introduces a somewhat Utopian consideration, how far the policy should be shaped with an eye to future contingencies. The former

method of approach is open to the usual criticism that it is apt to be shortsighted and possibly commit us to ultimate stultification ; whilst the latter, the Utopian approach, is open to objection on the grounds that it affords more latitude to unconscious wish-fulfilment. The older Utopians were at no great pains to dissemble the phantasy-element lurking behind their preoccupations, and although latter-day writers present their omnipotence-wishes in a form which by comparison seems to imply that these are scientific essays in prescience, it is never a very difficult matter to recognize on their lucubrations the hall-mark of instinctual compulsion. In any case the Utopian approach is somewhat obscured by a different issue. Even if we could safely forecast future therapeutic organization and discipline it would still be a matter for consideration how far we should adopt a propagandist policy in order to hasten this anticipated outcome.

One might, for example, take the view that owing to the unique nature of psycho-analytic treatment, its direct and indirect influence on educative and adaptive processes, it will ultimately be necessary to free the organization of psycho-analytical training and therapeutic application from the discipline associated with special medical controls. According to this view psycho-analysis would become not so much one of a group of medical specialities but a huge organized profession, one as essential to effective mental adaptation as the natural sciences are to physical adaptation. The practical argument could then be adduced that at the present time the handling of children who show signs of maladaptation is about to reach such dimensions that even if the whole of the medical profession were mobilised as trained analysts they would be unable to cope with a tithe of the case material. It would then appear to be good policy to assist in establishing an effective lay organization for pedagogic purposes, and to make this function as the thin end of a wedge which could assist in splitting off psycho-analytical science from the control of bodies of parochial outlook such as the General Medical Council *et hoc genus*. To begin with there would seem to be little difference between this policy and the established medical practice of sub-letting to approved bodies specialities like midwifery, massage, electrotherapy, etc., which are not sufficiently inspiring or lucrative to be made the peculiar preserve of the medical profession. But the ultimate aim would be different, and in any case it cannot be claimed that a lay body of psycho-analysts would ever have the same strictly limited field of activities as a midwife's or masseuse's.

So that to deal first with what we have loosely termed the Utopian aspect of the discussion we have to consider whether it is at all likely that psycho-analytic practice will ever possess an independent organization on a large scale, and secondly, whether it is desirable to work in that direction.

Whether psycho-analytic principles will ever take such a grip of society as to make inevitable a controlling body distinct from those which regulate official medical healing is an obviously highly speculative question. As against this likelihood is the possibility that psycho-analytic knowledge may remain as now a precarious heritage to be guarded jealously against the encroachments of individual and collective prejudice. It is true that the shock to human narcissism administered by the Darwinian Theory gave way to a more or less grudging assent on the part of some enlightened communities, but, in fact, the assent was partly by way of defence. For one thing it never really got beneath the skin of society, and whatever mental abrasion was produced could easily be soothed by rationalizations. Society behaved like the psycho-analytic patient who accepts interpretation with intellectual enthusiasm so long as it does not disturb his affective dispositions. But psycho-analysis goes beneath the skin by uncovering precisely those defensive rationalizations, and gives no respite even to some of those who endeavour to evade the issue by becoming pseudo-analysts themselves. There was nothing out of the common in conservative scientific bodies turning on the teachings of Freud with angry, if uneasy, hostility: other newly-born sciences have to withstand this same conservative activity. But other sciences have lived to be canonised, whereas it seems possible that psycho-analysis may remain as now a thorn in the narcissistic flesh of the community. If this could be assumed, it might at any rate be held that the proper policy would be not to seek for autonomy, but to play for sanctuary within the preserves of the medical profession. This would not imply that opposition would not continue from that body, or that the medical profession is more enlightened than any other section of the community, which it patently is not; it would simply be a protective policy making use of certain medical perquisites in order to safeguard a threatened scientific possession. These perquisites are mainly in the nature of freedom to pursue research and immunity from prosecution where treatment has been carried out to the best of the practitioner's capacity. From this point of view it would be policy not only to recruit analysts from the ranks of medical students, but to encourage lay analysts to take a

medical degree, and so infiltrate the profession with a trained body of responsible analytical opinion.

In favour of the possibility that psycho-analysis may become an independent profession, is the fact that the practice of medicine involves an increasingly bulky organization, and is beginning to take more and more cognizance of details of social life which were previously considered private and personal. When the surgeons split off from the barbers they established what may prove to be a momentous precedent. Anyhow, since then, they have shown some tendency to keep control of branches which they could not or did not wish to practise in person. The result is that, as in some of the more ambitious county ' health ' schemes, various bodies of trained nurses and inspectors, working under medical control, ' interfere ' in the social life of the community to a very considerable extent, backed by various Public Health Acts.

But whilst the medical profession expands in one direction, making use of trained lay bodies, it has always a tendency to contract and to show itself inadequate in other directions. The existence of ' quacks ', ranging in skill and honesty of purpose from simple charlatans to competent specialists, is to be taken, in a sense, as the communities' reaction to the insufficiencies or therapeutic incompetencies of the medical profession. It is, of course, true that quackery is an inevitable result of the doctor's gross neglect of the ' transference ' element in therapy and of his crude physiological self-sufficiency. But it is not due to this alone : there are several branches of medicine which, owing to official shortsightedness, prejudice or inertia, are left to quack-doctors, or, in other words, to lay therapists. Herein lies some assurance that if the medical profession does not reorganize more satisfactorily the general public will at any rate always support good lay organizations. Indeed, at the present time, most lay analytical practice depends upon this sympathetic attitude on the part of enlightened members of the community. Analytical practice is an exceedingly personal one, which owes little or nothing to official recommendations by physicians. Following this line of thought it seems probable that as the lay bodies fathered by the Medical Council widen the scope of their activities, the existence of a body of lay analysts will perforce be accepted also. Or again, if the medical control remains as rigid as at present, impervious to demands for widened outlook, the community will force recognition of lay analysis not through any radical acceptance of analytical theories, but by sheer weight of necessity.

Even if we assume, however, that by the development of a lay organization of the kind indicated, psycho-analysis would absorb much of the activity at present expended in quack treatment of all sorts, and therefore gather to itself the social authority implicit in the necessity for such unofficial lay treatment, it would not necessarily follow that such an organization would expand beyond the limits of a therapeutic body. It would conceivably meet with a danger from within, one which can best be exemplified by the alleged analytical activities of Social Science workers. And it would certainly have a tough position to maintain when its advances extended towards the frontiers of religious healing, to say nothing of the resolution of emotional conflict through religious exercises. It is difficult to envisage a huge psycho-analytical organization which would not tend to be sapped at various points by the human necessity for rationalizing instinctual control.

But it is easy and unprofitable to wax rhetorical over possibilities. It seems to me, however, that we have little justification for a propagandist attitude based solely on forecasts of future health organizations. We are, in fact, thrown back on the first line of approach, namely, the nature of immediate policy under existing conditions. But before attacking this problem we can extract some additional advantage from the Utopian approach. It enables us to state a perfectly plain issue: supposing there were no difficulties in the way of establishing lay analysis as an official profession, would this course be desirable? Should, in any case, all psycho-analysts undergo medical training?

Now at the outset there is some danger of having the general issue of desirability obscured by special pleading. For example, it might be said that since cases of conversion hysteria and borderline psychoses come within the scope of psycho-analytic treatment, it is essential for all psycho-analysts to have that medical training which would permit them to distinguish between functional and organic disorders. This difficulty could be met by a system of preliminary examination by an analyst and a clinical physician who could establish a diagnosis and exclude or localize any organic lesion in the brain or other organs. But it might be said: How would the lay analyst distinguish between intercurrent organic disturbances and the transitory symptom formations which may disturb function during analysis? Here again the difficulty is not so great in practice as it appears, and there is always the possibility of referring back the case to the medical analyst for

re-examination. Again, by the system of preliminary examination, it would be possible to exclude from the case-list of the lay analyst all psychotic cases or patients with whom there is some question of an underlying psychosis. So that, in fact, there would be no difficulty in a properly organized lay body instituting whatever checks are necessary to safeguard either the patient or the lay analyst from the dangers and difficulties which the possession of a medical degree is alleged to obviate. To deal with cases unsuitable for lay analysis we would simply have to increase enormously the number of analytically trained psychiatrists and other medical analysts. There would be no reasonable objection to the handling of the large bulk of analytical case-material by lay analysts.

We are therefore free to return to the general issue. Is there any advantage to be obtained by making a general medical degree a compulsory qualification for all analysts ? Let us begin with the admissions that medical teaching is by no means perfectly organized, that it is crude and amateurish, in fact, that teaching qualifications are the last to be considered in selecting medical instructors ; that these same deficiencies have been grafted on to the examination system ; in short, that it is possible for a medical student of opportunist leaning to ' cram ' enough theoretical and clinical knowledge to pass his degree examination and yet remain impervious to the most important influence of medical training, viz. the development of a ' clinical sense '. Bad, however, as the organization may be, it cannot be disputed that during the last three years of the student's training unique opportunities exist for acquiring that sharpened clinical susceptibility which is the essence of successful practice. It is a commonplace that theoretical niceties in differential diagnosis are to a large extent lecture-room properties : it is equally well known that medical training can be reduced to two main activities—teaching the methods of careful examination and learning to recognize that an individual is ' ill '. Both are essential but the second is the more indispensable. Now the lay analysts have at present to be content with the relatively limited opportunities for acquiring this clinical sense, although they are not slow to seize what opportunities exist and to supplement them with acute observation of their human environment under varying circumstances. It would be impossible within the scope of this discussion to present a clear picture of this clinical sense, but it may be said that there is something in the constant contact with human sickness and death, the observation of somatic attack and defence, of mobilizing forces, wavering defences,

recovery or defeat, which, together with the intimate uncovering of psychological reactions or the handling of acute social situations, makes an excellent background for those who wish to devote themselves ultimately to purely psychological sicknesses or maladaptations. Even the preliminary biological training, simple and insufficient as it is, contributes to the development of a biological point of view which is invaluable for all students of mental processes. Here I venture to think is a valid argument in favour of medical training, one which cannot be countered by arguments based on convenience or cost. Indeed, the only effective counter would be that a medical training is in some sense a positive hindrance to proper psychological training. I imagine that this counter is based mainly on the insufficiencies of training and on its lopsidedness. It can with reason be said that since modern medical teaching severely discountenances psychological factors even in their most obvious form, and lays the whole onus on somatic teleology, it is calculated to ruin the psychological touch of a prospective analyst. This is clearly a matter of personal opinion, and, speaking for myself, I do not feel that it is a very weighty argument. After all, it might be said with some truth that the medical student who is deceived by such an attitude on the part of his teachers is much better left on the wrong side of this *pons asinorum:* he would never make a good medical psychologist. On the other hand, the lay analyst who sacrifices time and money in obtaining a medical degree is precisely the student who will lap up greedily the cream of clinical experience. As a matter of opinion, I should think that even the average cynically-minded student who spends a major portion of his time in the smoking-room is thereby implicitly repressing his disbelief in the nostrums of clinical medicine. There are few thoughtful students who do not see that a large part of clinical treatment consists in being noisily diagnostical all the while the patient is in the grip of his own recuperative processes. And this brings me to another advantage of medical training—the development of a sense of danger, an alertness for signals often of a very minute sort. When I refer to the relative barrenness of actual clinical therapeutic measures, it is with no scoffing intention. It is well that the physician should be constantly busy with diagnosis for lack of something more helpful to do. He will thereby avoid blunders, have opportunities of reversing both diagnosis and policy, but, above all, he will be ready to recognize danger signals. Among the simplest of these is the point at which a patient has borne enough pain or when stimulation can be more

effectively regulated. And this after all has its parallel in psycho-analytic treatment.

Now the advantages I have indicated may appear ludicrously inadequate when put against the inconveniences in time and expense incident to obtaining a medical qualification. Personally I do not believe that such inconveniences are valid arguments against the course. It is true that for a generation or so the time factor will remain in many instances decisive, e.g. where a middle-aged person suddenly decides to take up analysis professionally, but if and when psycho-analysis becomes an important and generally recognised profession, the course of study will be at least as long as, if not longer than, the present span of medical study. It would then be no more impracticable for a combined course to be undertaken than it is at present to run a natural science and medical course together.

At this point I feel that it is time to express some prejudices. Quite apart from the similarity of unconscious drives in all healing efforts, I do not believe that it will ever be desirable to *divorce* psycho-analytical training from medical training. At the least there will always need to be a large body of medical analysts acting as liaison officers between the medical profession and lay analysts. Whilst I do not for a moment believe that a medical qualification should be *compulsory* for all analysts, or for a majority of analysts, I think that the advantages to be obtained are appreciable and would recommend those who could spare the time and money to study medicine as part of their preliminary training. I would go farther and suggest that they take a six-month's appointment as a house physician to a mature clinician, before going on to a psychiatric appointment. I ought perhaps to say that medical training should not be compulsory *at present*, because it is conceivable that with proper organisation of medical training and sympathetic co-operation between medical governing bodies and analytical governing bodies, a *modified* course might *in future* deserve to be made compulsory for analytic '*general* practitioners'. It would still be optional for those intending to practise applied psycho-analysis, to undergo what we at present call analytical training. It would certainly be calamitous to obstruct the progress of applied psycho-analysis or the application of psycho-analysis to child training and education, sociological study, etc., but I cannot see that this would be involved if and when a compulsory qualification were exacted *in future* (i.e. when a modified course is feasible) of those who *wished to practise the therapeutic analysis of mixed adult types of case*. Those who wished to practise on a more

limited scale could continue as at present to practise analysis under diagnostic control on obtaining a recognised diploma.

I do not intend to suggest that the problem of training would be solved by a simple alliance between medical and analytic governing bodies. The modification would of necessity include instruction in various cognate branches. After all, the present day ' matriculation ' is only a vestigial remainder of a similar intention on the part of medical governing bodies, whilst various special qualifications represent the effective realization of this intention.

Coming now to immediate policy I believe that lay analysis is, under existing conditions, a legitimate and indispensable form of analytic activity. Moreover, under existing conditions, medical governing bodies have no valid grounds of objection to the practice of lay-analysis, provided the psycho-analytic governing bodies are satisfied as to the training of such analysts and are prepared to supply medical analysts as diagnostic referees. But medical bodies share with the governors of all close corporations an aggressive impermeability to reason, and since they hold under the law of this country disciplinary powers it is necessary to safeguard the interests of those medical practitioners who undertake the sometimes onerous duties of liaison officer. This safeguarding can be best effected by (1) rigid standards of selection and training of all analysts; (2) a self-denying ordinance on the part of lay analysts whereby they conform to the requirements of diagnostic control; and (3) an endeavour to permeate medical governing bodies with the logic of facts as distinct from *ex cathedra* opinion and prejudice. This last is the sole form of propaganda which I consider to be immediately justifiable.

VI.

A. A. BRILL

NEW YORK

[EDITORIAL NOTE.—Dr. Brill has sent his contribution in the form of a long review of Professor Freud's *Die Frage der Laienanalyse* with the request that we make an abstract of it. A great part of his review is a description of the contents of the book, which is so familiar to readers of the *Zeitschrift* and *Journal* that we do not think it necessary to reproduce it. Dr. Brill considers that the discussion in the book represents two parts of Professor Freud's personality which, he thinks

has an ambivalent attitude towards the question. He then continues as follows :]

The author's arguments would be as plausible or the reverse if applied to other sciences such as engineering or law. There may have been good jurists and good engineers who have not passed through all the preliminary studies prescribed for these sciences, nevertheless it is hardly probable that the average student could become a good engineer, a lawyer or doctor without knowing something about all the phases of his particular science. The reviewer has never seen a medical student who loved all the subjects that were obligatory for the attainment of his medical diploma. The beginner in any field of science usually dislikes the preliminaries, the medical student may chafe under the studies of anatomy, physiology, bacteriology or chemistry, but his strong desire to realize his cherished wish to become a medico impels him to accept these subjects as a part of his course.

Indeed, it is these very fundamentals of medicine which force the student to face the reality of his undertakings. For all those who wish to become medical or lay healers are imbued with an infantile omnipotence of thought which must be toned down considerably. Many cannot stand the stress of reality, and drop out ; the others soon realize that medicine is a difficult study, and by the time they reach the ' interesting ' part of it they have acquired not only knowledge but an effective discipline and a deep sense of responsibility absolutely necessary in the study and treatment of disease—attributes which few, if any, so-called ' lay analysts ' possess. I have no doubt that abroad there are some lay analysts, women and men of excellent character and great learning, but as far as my knowledge goes most of those who returned here as lay analysts from abroad, after having spent there some time and considerable money, are either unfit to judge disease or have degenerated into quacks. I cannot see how any lay analyst could submit to the author's requirements of deferring to the physician whenever in doubt and yet maintain himself psychologically. At best they would be considered ' second-raters ' in the words of Freud's impartial listener, which is surely not conducive to proper psycho-analytical *esprit.*

Long, long ago I learned to accept what the master has offered even before I became convinced of it from my own knowledge, for experience taught me that whenever I thought a statement was far-fetched or incorrect I soon found that I was wrong ; it was a lack of experience on my part that caused the doubt. However, for many years I have tried

very hard to agree with the master on the question of lay analysts but I have not been able to accept his view: the more I observed it in operation the less I became convinced of its usefulness and practical application. His brilliant expositions of the problem have no more convinced me than seemingly his 'impartial listener' to whom he offers as a last argument the fact that 'our civilization exerts an almost unbearable pressure upon us and needs a corrective', and asks whether it is phantastic to expect that psycho-analysis is destined to offer this corrective. He looks for an American who may perhaps get it into his mind to spend a sum of money to educate the social workers of his country psycho-analytically, and make out of them a salvation troupe to combat the cultural neuroses—remarks which elicit from the listener the exclamation, 'Aha, a new sort of Salvation Army'. To which the author rejoins, 'Why not? For our phantasies always work in accordance with models' (p. 123). A flood of students will then flock to Europe and pass by Vienna, the author thinks, because Austria has a law against laymen treating diseases. Evidently the listener takes this rather jocosely, for the author says: 'You smile? I do not say this to influence your judgement, not at all. For I know that you do not believe me, nor can I guarantee that it will happen. But this I know, it can only be of local significance; laws and prohibitions will not affect the possibilities of the inner developments of psycho-analysis' (p. 123).

In other words, with all the brilliant and ingenious arguments added to a masterful exposition of his subject, the author feels that he *has not convinced* his hearer.

I fully agree with the author that psycho-analysis will continue to develop despite all rules and regulations to the contrary, but as far as I can see there are no restrictions against psycho-analysis as a science. This is certainly true of this country. Proof: the author's hope lies here, many of his former and present pupils seem to be pleased to come to our shores; nevertheless, I feel with many, many others that psycho-analysis as a therapy should be restricted to those who, like the author, were trained to know the whole man physically and mentally, to physicians who had a good training in neurology, psychiatry and psycho-analysis.

VII.

S. E. JELLIFFE

NEW YORK

[Dr. Jelliffe has sent his contribution in the form of a long personal and autobiographical letter to the Editor of the *Journal*. With his permission we have extracted the greater part of his letter, so that only the passages in inverted commas are direct quotations from it.—ED.]

My interest in psycho-analytic work has always been closely connected with my preference for a dynamic conception of disease as contrasted with the structural conceptions prevailing in neurological circles and equally with my conviction of the predominant importance of psychical ætiology. It was therefore natural that, in this frame of mind which might be termed an anti-medical revolt, I should have from the first employed lay assistants trained in psycho-analysis. This I continued to do for some fifteen years, much to the disapproval of some of my New York colleagues, and as the result of this extensive experience I have been able to come to certain fairly definite conclusions.

I may say that I entrusted to their care cases both of the usual psychological order and also those of a more medical type, such as epilepsy, diabetes, Graves' Disease, etc.

I still think that if the prominent importance of psychical factors were generally established it should be possible for cases to be analysed by persons having this as their sole point of view. This is based on my view that every maladjustment which in our present terminology may be termed 'disease' has a psychogenic component; one naturally excludes accidents and also infectious diseases.

'Apart from a detailed recapitulation of these problems I finally arrived at disappointment, and why? These problems which I myself could envisage since I had a biological and medical background, could not be seen by my assistants in the necessary larger frame which would hope for solution.

'So after fifteen years of reality testing I have come to believe that only those thoroughly trained in biogenetic lines can adequately envisage the "proteus" of "medicine".

'So long as the conception *mens sana in corpore sano* remains regnant, I must acknowledge defeat. I do not really believe in this.

I have come to believe that a healthy body—individual or social—can only come about when the opposite, a healthy body is dependent upon a healthy psyche, shall be the slogan. *But*, and this needs to be emphasised, that only a student well versed in the *machine*, as well as its *functions*, can really deal with the situation. So long as the machine *per se* is considered of paramount importance no advance can be made. Here is the dilemma of the structuralist as opposed to the functionalist. . . . If " Medical " problems are as subtle and as deep as my remarks would seem to indicate, how can the lay analyst deal with them ; i.e. intensively ? If mental situations are infinitely more complex and more important than physical situations, and as yet the lower aspects are as imperfectly grasped by doctors as they are, how can anyone not versed in the anatomical and physiological intricacies of the human body, deal with those superlative situations which are at present envisaged as " mental " ? May it not be said that here, " Fools rush in where angels fear to tread " ?

' This is really the precipitate of my experience. Lay analysts have no business to enter in, even if medical analysts are still grossly inadequate. Our slogan should be then : educate, stimulate, force the physician to enter into the kingdom of his own, even if he has not appreciated the " Land of Jordan ". *This is the ideal postulate.*'

VIII

FRANZ ALEXANDER

BERLIN

The problem of ' lay analysis ' arises, and can only arise, because the position of psycho-analysis with regard to medicine is still undefined. With new methods and new hypotheses, Freud created a new therapy, outside the existing medical discipline, founded on a psychology which has nothing in common with the attempts hitherto made by academic medicine to understand pathological mental states from the side of cerebral anatomy and pathology. Like the founder himself at the beginning of his work, the doctrine he established, which has gradually been developed into an independent science of mental processes, at the present day still stands alone. As a result it has become possible for laymen, i.e. non-medical analysts, by studying Freudian teaching, to understand and cure neurotics, while physicians who have no psycho-analytic training remain unable to understand or help such patients. Moreover, it would seem to be self-evident that for a training in psycho-

analysis—the science of the mental personality—a course of study in those branches of knowledge embraced by mental science must be more useful than a preliminary medical training, which up till the present has sadly neglected the psychological aspect of human nature. The physician of the present day, unless he happens to have a gift for psychology, gets no help in this regard from the studies prescribed by the medical faculty. Perhaps, indeed, academic medicine, with its one-sided view of bodily processes and its whole scientific mentality, may even be the means of diminishing his psychological knowledge and interest. We are justified, therefore, in asking why the treatment of psycho-neuroses should be linked with a preparatory medical training which contributes little or nothing to the efficiency of that treatment. As a matter of fact experience shows that there is a number of lay analysts trained in psycho-analysis whose achievements are by no means inferior to those of their medically-trained colleagues—and they include some of the ablest workers in this science.

Since the facts are so plain it is really not easy to understand at first sight why the question of lay analysis should rouse so much feeling, why there should still be any doubt about the decision whether or not laymen with a psycho-analytical training should treat mental patients. There are two facts which appear to me to explain the difficulty of giving an unequivocal answer to this question. In the first place, the purely practical question at issue is beset, not merely outside but inside the psycho-analytical world, with affects, the origin of which Freud has recently indicated; and in the second place, the relation of psycho-analysis to medicine does not end with the historical fact that medicine has played an entirely subordinate part in the development of psycho-analysis, and consequently still does so in present-day analytical therapeutics. It is advisable, before an attempt is made to discuss the difficult question of the relation of psycho-analysis to medicine, to get a clear insight into the disturbing affective elements which complicate the problem, so as to be able to deal with the subject unencumbered by them.

As Freud has observed, when a number of medical psycho-analysts plead for a preparatory training in medicine, they are influenced by the feeling that medical men do not credit psycho-analysis with full value as a science because in the main it is founded on mental science. The reaction of many medical psycho-analysts to this contempt on the part of official medicine is to place an exaggerated emphasis on their medical status, as if to say, 'We are not unscientific quacks; we are just as

much doctors as you are.' This reaction is certainly not too conscious, and one can understand that it puts the founder of psycho-analysis out of humour. If the treatment of psycho-neurotics threatens to slip out of the hands of neurologists and psychiatrists, that is the result of the evolution of medicine in recent times; under the influence of the imposing successes of physical chemistry, it has neglected the science that is biological par excellence—i.e. psychology. Psycho-analysis will be able to render the greatest service to medicine by deliberately emphasizing its own achievements, and thus compelling medical science to recognize the one-sidedness of its latest developments. By doing this it will prepare the way for a new epoch in the history of medicine, in which the human personality and the human body shall be regarded as a unity.

The fact of lay analysis is the best proof that physicians at the present day are not sufficiently equipped to cure the ills of humanity. As Freud has said emphatically, when confronted with certain morbid symptoms, they are merely laymen, while the lay analyst is a specialist. It is in stressing this acknowledged evil that psycho-analysis will find the best means of exercising a salutary influence on the whole development of medicine. It does not seem to be our urgent business to demand that the psycho-analyst, who has confined himself to the treatment of mental disorders and anomalies in character, should have a preliminary medical training, since in point of fact this is plainly not an absolute necessity for him in the task he has undertaken; it is surely far more imperative to bring the medical man to a knowledge of the truth that if he desires to succour diseased human beings he must also have an education in psychology. This extension in medical knowledge and instruction is required, however, not simply for the treatment of psycho-neuroses, i.e. for mental diseases which are mentally conditioned, but for the whole of pathology. In this regard hysteria, the neglected step-child of medicine, does not seem as yet to have exhausted its potentiality for influence. It gave Freud occasion for discovering the unconscious; and it will yet compel the medical man to recognize that in organic troubles a mental condition is frequently present, and perhaps has always to be taken into account. It is already evident to the psycho-analyst that the boundary-line which separates a functionally conditioned disorder from an organic one is uncertain. He sees again and again that chronic pathological mental states can lead gradually to truly organic changes. He knows what physicians already knew at the beginning of the last century but seem meanwhile to have almost

forgotten, that, e.g., an outbreak of tuberculosis depends not only on somatic factors like infection and constitution, but also on the mental condition of the persons whom the infection attacks. But the physician of to-day with a knowledge of depth-psychology can no longer attribute this mental factor to a vague something described as a ' state of mind ' ; he can give a detailed description of this ' state of mind ' and can examine it as exactly by his analytical ' percussion and auscultation-technique ' as he can the patient's organs.

It seems to us, then, that we have actually almost a stronger reason for advancing against the claim that psycho-analysts shall have a complete medical training, the contrary claim that the medical man should have a psycho-analytical training. From the standpoint of principle, therefore, the two claims are at least equally justified. If the analyst of to-day has often to call in the physician when dealing with inter-current organic diseases, or when making his diagnosis, then the same holds good, or at least ought to hold good, of the physician, i.e. he should, perhaps more frequently than in the other case, consult the psycho-analyst, whether the latter is a layman or not. (The modern physician does this already.) Thus the physician and the spiritual counsellor meet in our day once more by the sick-bed. It seems that humanity has succeeded only for a very brief period in keeping the spiritual adviser from the sick-bed ; and the attempt was bound to fail. The pastor has returned in the person of the psycho-analyst, equipped with his empirical knowledge ; and his psychical auscultation-technique is in no wise inferior to the physical technique of the doctor, either in scientific thoroughness or in effectiveness. The only way to make it unnecessary to resort to the spiritual healer in addition to the physician is for the physician himself to gain access by his psychological proficiency to the mental personality of his patient. The conception of body and mind that makes a sharp division between them and regards them as independent of each other is in principle no longer admissible. We must, therefore, consider both the lay analyst and the physician without psycho-analytical training as *transitory phenomena of our age* which have arisen as the necessary consequences of the one-sided medical therapeutics and science of the present day. But the existence of psycho-analysis itself was due to the same cause, and in this regard psycho-analysis and the lay analyst are closely related to one another. If, therefore, we look forward to the future development of a unification of the whole of pathology, both mental and physical, the practical question still remains to be answered : What are the measures best

designed to further this development, which is so much to be desired and is the only one possible from the view-point of science ?

It is not within the realm of possibility that the psycho-analytical movement should exercise any direct influence on the present-day medical curriculum. The ideal physician—one who has been simultaneously trained in mental as well as in physical science, who is as well versed in the structure and function of the psychical personality as in anatomy and physiology, who understands how body and mind interact on one another—belongs to the future. The psycho-analytical movement, however, can contribute to the attainment of this ideal in the future by taking into its own hands the training of the analyst and keeping a definite aim in view. It takes up the position—and here all psycho-analysts, the friends and foes alike of lay analysis, are at one—that a mastery of psycho-analysis demands a special course of study ; and also that in such a course of study, so long as the scientific connection between organic disease and mental disorder and their interaction is not available and, further, so long as an insight into principles is far more important than a scientific knowledge of details, a preliminary training in medicine must in our day continue to play a relatively subordinate part. Thus the question of lay analysis merges into that of psycho-analytical training. I consider this aspect of the discussion instigated by the Editors of the *Zeitschrift* and *Journal* the only one that can lead to any practical results. The psycho-analytical movement can exercise its most effective influence on the development of medicine by raising the psycho-analytical training to a position of equal dignity alongside the medical curriculum. From what we have already said there will be little doubt regarding the answer we should give to the question whether or not a preliminary medical course ought at once to be required as something absolutely essential as a preparation for this psycho-analytical curriculum. Experience shows that at the present day a medical education is still not necessary for the treatment of psycho-neurotics. We know, indeed, that intercurrent diseases are for the most part not accidental ; we are also aware of the part played by resistance in the origin of such organic troubles ; but beyond that we know very little about them. In such cases the psycho-analyst receives no practical help from his medical knowledge. There seems to be no reason for the exclusion of laymen with a psycho-analytical education if the precautions laid down by Freud are observed. There would be as much justification for prohibiting the physician uninstructed in psycho-analysis from treating organic diseases, since in

cases where the mental state of the patient is a decisive factor in his illness—and such cases are not rare—he will not direct the patient's attention to the necessity of a therapeutic treatment; he therefore fails to give that attention to his patient's interests that is already within his power at the present day. Further, the superiority in the realm of the psychical of analysts who are thoroughly versed in the study of the human mind and its productions—literature, mythology, etc.—when compared with those 'medical analysts' who often have studied medicine alone is so patent that no psycho-analyst requires proof of the fact. Both the physician who is a layman in psychology and the psycho-analyst who is a layman in medicine are alike transitory phenomena of our age; and of these two the latter does far less mischief than the former, who is protected by the supporting authority of academic medicine and allowed to practise his therapy, although owing to his ignorance of psychology he does so without either skill or success.

Summarizing, we must say that at present psycho-analysis needs medicine less than medicine psycho-analysis. It is not worth while to get rid of the lay analyst simply in order that psycho-analysis may be admitted to full recognition by academic medicine. Medicine ought to recognize us, not on the ground of our medical qualification—to that we owe very little in our healing of psychoneurotics—but on the ground of our psycho-analytic therapeutic achievements. It is by taking up this position that we shall most readily secure that a knowledge of the structure and function of the psychical apparatus shall be as fundamental and as indispensable a part of the medical training of the future as knowledge of the anatomy and physiology of the body. Psycho-analysis can never be merged into medicine as a special subject, as a branch of therapeutics: it can only enter it in its entirety as a *half* of equal importance. The science of personality and the knowledge of the body will stand side by side as two parts of the whole, equal in value and complementary to one another.

The task of the psycho-analytical movement is to prepare for the coming of this epoch by constructing a systematic and well-planned psycho-analytical curriculum. Our most urgent affair is not to demand a preparatory medical training, but to erect an efficient psycho-analytic training in the strict sense of the word. Our experience in the Berlin Psycho-analytical Institute warrants us in regarding the possibility of such a training as in no wise utopian. We found that psycho-analysis is as capable of being imparted as any other medical discipline.

Having recognized the fact that as a necessary preliminary condition prospective students must undergo analysis themselves, in order to set them free from effective resistances and thus enable them to accept psycho-analytical facts, we see more and more clearly that the training does not end with this, but is then only at its beginning. It is not possible to impart systematic psycho-analytical knowledge in the course of a didactic analysis owing to its disturbing effect. Only after it has been completed can a methodical course of study follow. Such a systematic, well-planned curriculum is, we repeat, quite possible on the basis of the experience we have already gained, and will become more and more attainable with the development of psycho-analysis. The advantage of personal contact between teacher and taught, as compared with a purely literary course of study, is proved in psycho-analysis as it has been in every other department of knowledge. The Berlin Psycho-analytical Institute stands at the beginning of a development at the end of which we see a Training Institute, in which the student will receive instruction in the psychical apparatus in the same way as he is taught about the human body in our contemporary medical schools. The expansion of psycho-analytical instruction, on the one side, and the growth of our knowledge regarding the mental conditioning of organic processes, on the other, will lead to a state of things in which a medical man without a psycho-analytical education will be as unthinkable as a lay analyst. At present, however, we still have the lay analyst with us, and just because he is unhampered by academic medicine with its authoritative support and its apsychological —indeed anti-psychological—attitude, he is frequently more capable of psychological understanding than the analyst with a medical training. He is there as a reminder to the medical man, admonishing him that, if he is to become a successful therapeutist, he must also get to know something of the means by which the lay analyst is able to cure his patients. He need not and ought not to be discarded in order to make psycho-analysis in the eyes of medicine more fit for polite society. The lay analyst will disappear of himself along with the non-psychological physician ; but we must first of all be able to dispense with him, having rendered his existence unjustifiable on the ground of our advancing knowledge, and not for reasons of prestige. He will disappear when there has arisen a unified science able to understand and heal humanity as a unity of body and soul.

IX

CARL MULLER-BRAUNSCHWEIG

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I believe that the true significance of the question of so-called 'lay analysis' can be appreciated only when it is considered as part of the more comprehensive question, 'What is the most suitable preparation and training for the prospective analyst?' Certainly there can hardly be any doubt that the preparatory education offered by the present-day medical curriculum is inadequate. Hitherto psycho-analysis has not had a place in the medical faculty as an obligatory subject of study. This fact is taken into account by the International Psycho-analytical Association, with the result that anyone who wishes to equip himself as a psycho-analyst, after completing a curriculum of medical study, and receiving a thorough training in neurological psychiatry, has to spend some years in a course of theoretical psycho-analysis supplemented by practical training. The admission of psycho-analysis to the university, and in particular to the medical faulty, can surely only be a question of time. And we shall venture to look for even more than this: medicine as a whole, when it becomes more familiar with psycho-analytical teaching, will undertake at many points important reconstructions of its fabric. For a number of years now increased attention has been bestowed on the psychogenesis of bodily symptoms, not only by neurologists and psychotherapeutists, but by a large circle of physicians. It is inevitable that by pursuing this path psycho-analysis will compel an enhanced respect for its mode of research, its theories, and the psychological and biological relationships it has been the means of discovering, and will thus exercise a profound influence on medical practitioners. When once this leavening of medicine by psycho-analysis has been attained, the medical curriculum will become a suitable preliminary training for the psycho-analytical therapeutist.

This cannot be said of the medical course as it exists at present. And indeed not only for the reason that psycho-analysis, so far from being an organic part of the old medical discipline, is more like an alien body that has to fight against defensive elements, but on other grounds as well. These grounds will be at once apparent when the *methodological* aspect of the question is considered. The sciences with which the student of medicine has hitherto had to become acquainted show a predominantly somatological orientation. The student's mode of thinking is based on the observation of corporeal forms, relationships and processes. Even their functional aspect is studied solely in

reference to physical and spatial conditions. No opportunity is afforded for the cultivation of the specifically psychological attitude —the observation of psychical processes, and the understanding of significant psychical relationships, especially if these are unconscious. Psychiatry also, which might have been assumed to be an exception in this respect, has only quite recently made a timid attempt to allow the proper *psychological* method a place alongside the neurological, which is of course of undisputed importance, and the no less indispensable method of classifying in terms of psychiatry. While somatological research rests essentially on observation through our ' outer senses ', psychological research or introspection presupposes, so to speak, observation through our ' inner senses.' In the same way, when we are seeking to understand someone else—the patient, for example—and have to deal with the comprehension of processes which take place in an external object, an absolutely necessary pre-requisite of this understanding is the employment of inner observation, an exercise in self-understanding. If we keep this clearly before us we shall understand how little the medical course of training of the present day can offer for equipment of the future analyst.

As against this, we see that there are other subjects of study which are better fitted to produce the introspective, psychological attitude. Academic psychology, although it is far from understanding unconscious psychical processes, leads by its training to the formation of the attitude required ; in the philosopher it is presupposed, but it exists also in the sociologist, indeed even in the jurist, in so far as psychological empathy comes into consideration for special departments of his subject, in the historian for whom the reconstruction of psychical motivation is necessary for a comprehension of historical relationships, as well as in the mythologist, the ethnologist and other scientists.

The fundamental distinction we have just drawn between somatological and introspective psychological observation certainly does not consist so much in a difference in scientific *methods* as in a difference in the *objects* studied, since the outstanding object of medicine hitherto has been the body and bodily processes, i.e. an object of outward observation, while the object of psychological (psycho-analytical) investigation is psychical processes and relationships, i.e. an object of inward observation. It would be wrong to posit at the same time an opposition of methods, by asserting, say, that the somatological disciplines alone are based on observation, while the psychological, on the contrary, neglect observation and advance rather by speculation.

This conception is disposed of by drawing attention to the fact that, in regard to both the aspects of investigation, we speak of *observation*. Indeed, if we consider it essential to an empirical science that it should not be purely speculative, but, though in individual cases it may start from intuitive ideas and provisional theories, that it should always regard these in the first place as demonstrable scientific results, in so far as it is possible to attest them by experience, observation and examination—if that therefore is the characteristic of an empirical science—then again we certainly find this in the psycho-analytical method. Psycho-analysis is also an empirical science ; in it also experience and observation, confirmed in the last resort by (inward) inspection, are the decisive factors.

The opinion is frequently expressed that a medical training is suitable and desirable for the prospective analyst, because it includes an education in natural science ; and psycho-analysis can only be described as a natural science. Now it is quite true that occupation with the natural sciences furnishes an excellent schooling in that the mode of thinking is not allowed to run wild in subjective and capriciously directed speculation ; it engenders a respect for facts and provides an exercise in the observation and examination of reality. If the medical student has acquired this basic attitude, he undoubtedly brings with him an acquisition of real value for the beginning of his study of psycho-analysis ; but—and this is a large ' but '—this basic attitude, however valuable it may be, is of use to him only on the condition that he has effected the change in the direction of his vision we have just described—the change, namely, from outward to inward observation, in other words the change from the spatial to the psychical object. And this basic attitude is of no advantage to him whatever if he has *not* been able to effect this change. However closely the method of investigation in psycho-analysis—so far as it is empirical—coincides formally with that of the natural sciences, it is inadequate and unsuitable for the training of the psycho-analyst if it is not used as well—indeed from the start—in the direction in which psychology must look.

For still another reason a one-sided training in natural science is insufficient as a preparation for the future analyst : for the reason, namely, that what has been lauded as the special acquisition of the pursuit of the natural sciences—a mastery of the empirical mode of research and thinking, founded on observation and examination—is by no means their peculiar possession. It is only a quite rough schematization, indeed, it is incorrect, to divide sciences into those

concerning objects in being, on the one side, and those concerning values, ethics and norm on the other, and to interpret this division in the sense that only the natural sciences are pure sciences of objects in being that rest upon the observation and scrutiny of reality, and are not liable to be led astray by taking up the normative point of view, while in contrast to these the other sciences neglect observation and experience, and proceed in a purely speculative fashion under the guidance of normative ideas. The actual truth is that those sciences also in which ideas of norm and value play a part have to a greater or less extent a thoroughly empirical character.

Normative ideas find a place in those scientific disciplines that deal with form, in juristic science, e.g., when it is a question of the synthetic structure of a system of laws; while other disciplines of the same sciences must for that reason be purely empirical so that they may be utilised by the synthetic disciplines as supplying the groundwork and materials of actual indisputable facts and real relationships. The empiricism of these branches of the so-called ' sciences of value ' is in no way different from that in the natural sciences. There is only *one* respect for reality, whether it deals with the reality of the relation between two physical masses, or with glandular action, or even with a sociological formation, a legal usage, or a traditional custom. The possibility of considering some of these subjects, either entirely or to some extent, in a way that is not solely empirical, and of introducing them as well in another relation—namely, that of value— does not in the least injure their quality of reality and their adaptability to the empirical method of investigation.

A natural deduction from the foregoing is that it is not in the natural sciences alone that the empirical attitude in research and thought can be acquired and exercised. Further, it is to be remembered that the *object* of psycho-analytical research and of practical (therapeutic, pedagogic, &c.) psycho-analysis is the *whole* man, not merely with reference to his corporeal conditions, but with reference to his complicated psychical processes, and his endlessly ramified connections with the surrounding world—psychical, social and cultural as well as physical. Such a consideration also shows clearly how one-sided and inadequate a training is through which the indisputably central and important capacity for empirical thinking is acquired in the pursuit of sciences that have only the physical world as their object.

There are also other reasons for not considering the disciplines of the natural sciences and of medicine as the sole subjects of a pre-

paratory training, or even as subjects of preponderating importance. For instance, there are certain important methodological points of view that have a special, indeed, a central significance for psycho-analysis which are lacking in the modes of research employed by these disciplines. It is incorrect to assume that the natural sciences exhaust all the possibilities of empirical investigation. We all know how decisively important for the acquisition of psycho-analytical knowledge is the characteristic mode of conception that enables us to understand the relation in which a symptom, or any substitute-formation, stands towards what Freud calls the 'original idea' (*Eigentliche*). This relation can, of course, be regarded as *causal*, in so far as the mental image of the symbol is causally evoked along with the 'original' mental image. It is clear to us, however, that it is not the *causal* connections between the two images that is of essential interest to us as psycho-analysts, but the fact that the one 'signifies' the other. It is not so much the causal relation between them, but above all the relation of *meaning*, the *correspondence* of the two that interests us. We do not find this supremely important view-point of 'correspondence' taken by the natural sciences or by medicine; it is characteristic rather of another science—the science of *language*. In that science there occurs the phenomenon of one linguistic formation corresponding to another in meaning.[1] It is not the empirical categories of natural science, but those of linguistic science, that lie at the foundation of our knowledge of the 'language' and 'equations' of the unconscious.

There are also other important methodic conceptions, about which it may be said that though they are not lacking in the physical and medical disciplines, they do not by any means belong to them alone. There is, e.g., the *historical*, and especially the *evolutionary* point of view. This is also of great importance to psycho-analysis, but it is found without exception in every empirical science.

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When we ask what is the preparatory training best suited for the prospective psycho-analyst, we must, in order to give a satisfactory answer, distinguish between the special training adapted for the

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[1] I may be allowed in this connection to refer to the fact that our late colleague and leader, Abraham, provides us with an admirable example of the value that a special gift for the laws of language can have for the mastery of psycho-analytical practice and method of research.

practising analyst, the *therapeutist*, and that required by the psycho-analytical *scientist*. It appears to me that the main consideration for the therapeutist is the specific psycho-analytical training in the form in which we now have it, with all the improvements of which it is capable ; while for those who desire as scientists and investigators to go beyond the practice of therapy, and work at those immensely ramified problems that are concerned with nearly all the hitherto known branches of science, a far more extensive preparation and education will certainly be required.

If I may refer to my own personal experience, I cannot say that the acquirements gained—either in the provinces of philosophy and history, or in those of natural science—during twenty sessions of a university course, and later in private studies, have seemed to me to be indispensable for my own therapeutic practice. I had far more the impression that my *psycho-analytical* knowledge, and my experience in *psycho-analytical* practice provided all that was essential and necessary for me in my work as psycho-analyst.

I can illustrate this by a reference to the intercurrent organic diseases of the patients. I must say here, to begin with, that I have seldom had cases of this kind. Perhaps I ought to ascribe this rarity to the fact that I am not a qualified medical practitioner. And indeed it may be due to this that in my case the patient has less expectation of my concerning myself with his body than he would have in the case of an analyst who is a qualified physician. But the suspicion that something organic was involved in the cases in question seemed to me as a rule to originate less from my acquaintance with bodily pathological conditions than from the psycho-analytical picture. At any rate I am in complete agreement with those analysts who state that—in their psycho-analytical practice, of course—they have few opportunities of employing their medical knowledge, and that they cannot describe this as indispensable.

I am referring now to diseases in which the organic factors were undoubtedly predominant, and could be confirmed and treated by a medical practitioner or specialist without prejudicing the analytical work. But frequently intercurrent illnesses have been marked by bodily symptoms that sprang so clearly from the conditions of the analysis, and so plainly demanded that they should be dealt with by analytical means, that I did not suggest calling in a specialist. But—just as in other matters the analyst makes many a concession when he is sure that it cannot do any material damage—I allowed my

patients perfect liberty to consult a doctor or a specialist, when they wished to do so, even when the illness was manifestly the result of a phase of the resistance, and, indeed, even when it was quite clear to me that the symptoms were analytically conditioned, and could be removed by analytical treatment. Then the symptoms, the calling in of a doctor, and the treatment by him, were all analysed together—like everything else that occurred outside the analytic sitting.

It seems to me therefore from my experience that for the definite purpose of psycho-analytic work in the narrower, practical therapeutic sphere, a preparatory course that extends very far beyond the actual theoretical and practical psycho-analytical training is not absolutely necessary, even although, of course, it might be *desirable.* If, however, we reflect on what might still be added to the special psycho-analytical training, we must take leave to doubt whether natural science and medicine—in the form in which we have them at the present day—possess the educational advantages in this respect that are so often claimed for them. The foregoing remarks regarding method show that other sciences can supply a discipline in empirical thinking of equal value. And, on the other hand, if we turn from the formal view-point of *method,* and consider breadth of scientific *content,* we have to repeat the wish already expressed, that the therapist who in psycho-analysis has to deal with the *whole* of man, and not merely with his body, should get to know the human being, not in any partial way, but in the largest possible number of those aspects and relations in which all the other sciences endeavour to comprehend him.

What is merely desirable in the case of the psycho-analytical therapist—viz.: that his study should not be one-sided, but should extend in a wide range from the nucleus of the specific psycho-analytical training—is a matter of absolute *necessity* for the future psycho-analytical *scientist.*

He, above all, should not rest content with a partial training. The present generation and the near future look to him to unite our new science in organic membership with the existing branches of research. And we all know that scarcely any of them can remain untouched by psycho-analytical methods and discoveries. The undertaking of this almost illimitable task will naturally exact from the scientist more profound and extensive studies than are required by the practising analyst. It is clear, e.g., that the immense task of investigating the connection between the psychical and organic factors

in bodily disease presupposes that the investigator shall have at his command the most thorough training possible in natural science and in medicine, as well as the opportunities afforded by constant clinical experience and research. The same would hold good of those who desire to investigate the theoretical and practical application of psycho-analysis to the psychoses. In the same way it is evident that those who wish to apply psycho-analytical methods regularly to any other department of science, such as biology, philology, etc., must possess to begin with a specific knowledge of their subjects, and be in constant touch with later possibilities of research.

A special training in natural science and medicine would only come into consideration with regard to those who wished to direct particular attention to the provinces of research included in these sciences.

All those, however, who have the intention of setting out from psycho-analysis and its methods and acquirements, *no matter in what sphere* they wish to employ psycho-analysis, must first of all have as the nucleus of their training a special pyscho-analytical education ; and that necessarily involves, in addition to the theoretical disciplines and instruction in psycho-analysis, several sessions of *practice on polyclinical cases* under the control of an experienced analyst.

It is not to be regretted if now and again scientists, who did not originally intend to do so, have become therapists in consequence of psycho-analytical studies pursued chiefly on behalf of their own special subjects. On the contrary, it would be regrettable if, despite the undoubted fact that in the near future a large number of sciences will assert their claims on psycho-analysis, a mere medical tradition that regards as its special preserve everything connected with therapeutics should oppose the therapeutic part of the non-medical man's training, which we have just described as necessary, as well as possible future therapeutic work by him.

To speak practically, a specific psycho-analytical preparation and education, supplemented by a selection from other provinces of knowledge, must be provided ; and so long as the universities are not ready for this, our private psycho-analytical institutes must here take the lead.

X

THERESE BENEDEK

LEIPZIG

The problem of the 'lay analyst' is chiefly one of policy; I shall therefore on this occasion make a few remarks from this standpoint.

In the discussion we must keep clearly in view what the fundamental purpose of the International Psycho-Analytical Association is, because in solving the problem of the lay analyst the Association determines the part it will play in the future development of the psycho-analytic movement, viz: whether in the future the Psycho-Analytic Association will be an association of medical specialists or of scientists. In his speech at Homburg, Eitingon formulated the purpose of the International Psycho-Analytical Association as follows: 'Our Association must concentrate definitely and unremittingly on the preservation and development of what has been created by our master, protecting it from premature mingling and so-called "synthesis" with other spheres of investigation and methods of work, and always clearly underlining and working out what is specifically our own'; which means that the International Psycho-Analytical Association considers the nurture of psycho-analysis as a science to be its chief task. For a satisfactory furtherance of psycho-analysis the interplay of all disciplines is essential. It is surely not possible that any analyst could doubt that scientists who are not medically qualified must be admitted to the study of psycho-analysis. But, however thorough study may be, it alone does not provide the best opportunity for scientific investigation, which demands continued living contact with analytical material, without which the best development of science is not attainable.

Thus the question stands as follows: Regarding psycho-analysis as a science, how far may the practice of psycho-analysis for therapeutic purposes be permitted to those who have not a medical qualification? In countries where unqualified practice is not allowed, the law itself sets a limit and will guard this limit with zeal in proportion as the demand for analytical treatment increases. But what is to be done in countries where unqualified treatment is allowed? Shall the Psycho-Analytical Association side with those countries which prohibit unqualified practice? The pros and cons could be discussed purely from the therapeutic standpoint, but on the other hand those which are simply a matter of policy must be stated, viz.: What benefit would the psycho-analytical movement derive by taking

a stand against lay analysts? Probably none. Those who wish to practise therapeutic analysis and are not qualified, either as analysts or as medical practitioners, can do so without let or hindrance in the countries where unqualified practice is allowed; and the Psycho-Analytical Association would have no power to protect itself against them. It might also happen that a number of serious scientists who had been led to practise on account of their personal qualifications for the work, being rebuffed because they cannot obtain full recognition within the movement, would take a stand outside the Psycho-Analytical Association, and thus injure the movement (1) by the loss of their co-operation, (2) because the centralization of the movement would be made more difficult. For these reasons the loss resulting from their exclusion might be greater than the gain which would result to the movement by the ' recognition ' of physicians only. Physicians in general will tend, perhaps be obliged, to ' dilute the pure gold of analysis freely with the copper of direct suggestion.' All the more essential is it that the International Psycho-Analytical Association should fulfil the task formulated above by Eitingon—indeed with the co-operation and help of all who are ready for and capable of such work.

The problem in countries where unqualified practice is not prohibited might be considered also from the standpoint of the lay analyst. Legally considered, the lay analyst is on a par with medical practitioners who possess a foreign diploma not valid in that country. Various difficulties might arise for them, e.g. they cannot fulfil official duties (medical evidence, certificates, etc.). It can be assumed that in practice the friction and difficulties encountered by the lay analyst who is not medically qualified would be even more frequent and more painful, viz.: when he is not recognized as fully qualified by the physicians with whom he may have to co-operate (specialists and so on). This is a difficulty for the lay analyst which it is the task of the Psycho-Analytical Association to set right. The greater the authority of the International Psycho-Analytical Association, the more thorough the qualification which it offers, the greater is the protection of the lay analyst. The essential thoroughness of the qualification can only be attained by more intensive co-operation between medical and lay analysts. It is the task of psycho-analytic training to bring about this co-operation and of the local Branch Societies to nurture it. To aim against co-operation would be an irremedial blow to organized work on behalf of psycho-analytical science.

XI

THEODOR REIK

VIENNA

To decide *sine ira et studio* on a matter which closely touches the personal interests of the individual has always seemed to me worthy of the highest admiration. But since I incline more to a mild scepticism than to any other attitude, I am sorry to say I have not been able to keep this admiration free from a doubt how far an objective attitude of the kind was compatible with human nature. In any case the following remarks make no attempt to conceal their subjective character. Further, they are of the nature of marginal notes on the question of lay analysis; they are concerned less with the central problem, the essence of which in my opinion was formulated in Freud's book, than with matters which are intimately connected with it and seem to be worthy of mention.

After these preliminary remarks we will start from an unambiguous statement. The question of lay analysis is concerned with two concepts: that of psycho-analysis and that of laymen. What is psycho-analysis? Psycho-analysis signifies to us a definite psychological method and that branch of scientific psychology which is based thereon. This factor, the psychological, is the essential one. The analyst is above all a psychologist, whatever else he may be, physician, teacher, jurist, pastor. To whatever spheres he may apply his methods, his points of view and his interests remain always and pre-eminently psychological. If it is not so, he has no right to call himself a psycho-analyst. *Tertium non datur.* Let no one think this a subordinate consideration. It touches on the question of the future fate of psycho-analysis: analysis will exist as an essential part of psychology or not at all.

The significance of this psychological factor for the question of lay analysis is beyond cavil: in recent years, as the question of lay analysis became more and more active, a scientific daydream has often pre-occupied me on my walks. (Why should not even such personal things be said frankly from time to time?) Obviously stimulated by the differences of opinion in our circle, I have on such occasions imagined a phantastic situation and regarded it as a sort of shibboleth of the individual attitude to the question now concerning us. Let us then imagine a completely impossible, indeed, phantastic case. One day an authority who possesses the entire confidence of us all proves in a manner completely unassailable and capable

of scientific test that all the analytical results of Freud's research as far as they relate to the sphere of the neuroses and psychoses are false, but that for the normal mind on the contrary they have complete validity. Let the same investigator also demonstrate that nothing in the neuroses has anything to do with psychical processes, but that everything is exclusively connected with the processes of internal secretions. It must not be objected that this case is entirely senseless and impossible: that has already been said; it is a phantastic possibility which we want to consider for the moment, just as we may allow ourselves to be pleased by a fairy-tale—nothing more. Now, anyone who, on this impossible assumption, would retain his interest in the neuroses and psychoses to the same extent as before and no longer trouble his head about psychological questions may be an excellent physician and neurologist, but his interest in analysis does not seem to me to be genuine. I must confess that in this phantastic case my interest in ætiology, symptomatology and therapy of the neuroses would be as it were blown away; and, with all the levity which we men display after the wrecking of our most cherished illusions, I should turn to other spheres in which psychological questions play the decisive rôle. In other words, our interest in analysis would not be less if its methods, points of view and results were valid only in the sphere of the normal mind. The application of analysis to therapy remains, like any other, one sphere of application of a psychological method. The preference which we occasionally grant it is to be understood from the historical origin of psycho-analysis, and is only based on directly practical factors. Theoretically, it would not have been impossible for Freud to have made his most important and decisive discoveries in the analytical exploration of the normal mind. The magnitude of his achievement would not have been essentially less. The future will show if this sphere, the application of psycho-analysis to individual therapeutics, is the most important. I incline to the belief that it will become the one of least significance. (Let me repeat with emphasis, the application of psycho-analysis to individual therapeutics. The significance of individual analysis from the standpoint of research cannot be contested, but the interests of therapy and research are not identical.) I know of course that this view has no support among my colleagues. 'Mon verre est petit, mais je bois dans mon verre.'

The second concept which we are here considering is that of the layman. Now a layman is one who understands nothing of a parti-

cular profession, is not conversant with a particular science. But this concept is only in appearance a stable one—and so are all our concepts—implicitly it deals with the relation of a person to a recognized science of repute. What, for example, does it mean to be a layman in alchemy, astrology, or in the realm of occultism? There are other obvious analogies of the relativity of our concepts, e.g. in politics. What are rebels? Rebels are those contemptible and godforsaken individuals who rise up against the government. There are no successful rebels; they become automatically transformed into the power of the State and as such are revered and supported by divine authority.

To return to our question of the concept of the layman. In his discussion even Freud seems to me to have neglected one important point of view, and yet this point of view is one that touches us analysts very nearly. It is the genetic one. We may be ashamed of the fact, but it has been hitherto uncontested and remains uncontestable: thirty years ago we were all laymen in psycho-analysis. Moreover, there were only laymen. Then how did we come to analysis? Let us recollect: what one of us learnt in the psychiatrical clinic gave him no satisfaction when it came to understanding neuroses and psychoses. What the other brought back as science from the psychological laboratory seemed insufficient for understanding the mind: we had been taught how to practise psychology with the reflex-hammer or with the apparatus for measuring blood-pressure. Goodness knows, we could handle these instruments, but psychological understanding remained strangely absent. So we came to analysis, which was the work of a single person. None of us would at that time have denied that he was a layman in analysis.

The general condition of laymanship was not contested; it was also incontestable. Here is the difference between psycho-analysis *militans* and psycho-analysis triumphans. At that time we were all united by a general dissatisfaction with our lack of psychological understanding. To-day the one, the physician, seems to be proud that he formerly understood nothing of psychology, and the other, the psychologist, teacher, pastor, etc., is to be humble and modestly play the rôle of pariah because he, too, understood nothing of it then. The differences are certainly very subtle but they seem to me to be not very important. As far as is possible for us men, let us remain modest: it is not of such great moment in which sphere one or another evinced his want of understanding of the essential processes of mental life and

displayed his lack of all presentiment of the climax of modern science. The bare fact is this: psycho-analysis is a new science *sui generis* created about thirty years ago. But has it no forerunners? Certainly, but they are to be least sought where one would expect to find them. The links between psycho-analysis and the neurology and psychiatry of the time were scarcely closer than those with the psychology of those years. There are but few scientific, though many unscientific forerunners of analysis. These are to be found among the philosophers (Plato, Spinoza, Schopenhauer, Nietzsche, Fechner) as well as among writers (from Shakespeare to Dostoiewski) and pastors. As regards the raw material of psychological knowledge, some volume of Schopenhauer and Nietzsche, Sophocles' *Œdipus Rex* and Dostoiewski's *Radion Raskolnikoff* contain more that is important and valuable than the whole of medical literature from Galenus to Kraepelin. As regards the method, the church confessional stands nearer to analysis in all essentials than the clinical anamnesis of thirty years ago. The understanding of the neuroses was more closely approached by the point of view even of exorcists than by that of neurologists, who turned hysterics away from their consulting rooms as 'fanciful' and made merry over them. It is besides less than a hundred years since the neuroses came at all into the domain of the physician. Before that they fell entirely into the sphere of work of pastor and priest (Charcot still speaks of an *attaque démonique*). The accounts we have to hand leave no room for doubt that in many cases pastoral treatment by priests of penetration and wisdom had greater therapeutic results than the neurologists' treatment by faradic currents.

This pre-scientific interest in psychical processes stands in relation to psycho-analysis much as alchemy does to chemistry, astrology to astronomy.

These remarks are certainly not very likely to influence the decision on the lay question in either direction, yet I think *et hoc meminisse iuvabit.*

XII

GÉZA RÓHEIM

BUDAPEST

Should the non-medically qualified person practise analysis or not? It may, I think, not be quite useless to discuss this question from the point of view of applied psycho-analysis. How does the matter

stand, for example, in the field of psycho-analytical ethnology? Psycho-analytical ethnology is a very young science: if we may say, by way of a comparison, that clinical psycho-analysis has now reached the flower of its youth, then we must liken the age of psycho-analytic ethnology to the weaning period. It is clear, too, that development in this field cannot keep pace with that of analysis of individuals, for the number of workers in the former is incomparably smaller, while the material is much greater or at least much less accessible. In this field of work tedious studies at the source are necessary which the non-specialist, no matter how sharp-sighted or gifted he may be as an analyst, cannot make with the same success as the analytically-trained specialist. The development of these branches of the science is therefore directly limited by the number of analytically-trained workers.

How are such workers to be obtained? We emphatically and repeatedly assert that true analytic conviction can be attained neither through reading nor through logical reasoning, but only through experience, i.e. through undergoing analysis. The scientist must therefore subject himself to analysis. But may he not make further progress after his analysis? Is he always to have at command nothing but his own material, however well exposed it may have been by analysis? The analytically-trained worker can indeed discover the unconscious contents in ethnological material; but when it comes to the metapsychological significance of the material, that is, its interpretation not merely from the topographical but also from the dynamic and above all from the economic point of view, we shall always be obliged to draw on individual analysis. The question is in effect one which Jones, who otherwise seems to have many misgivings about 'lay analysis', has already answered along our lines. (This JOURNAL, Vol. VIII., p. 88.)

This point of view has to be considered in relation to all the mental sciences. From the standpoint of ethnology, however, which so far has been able to offer the most numerous and most important points of contact with psycho-analysis, there is another problem. The ethnologist needs not only to be analysed in order to be freed from his own resistances; he must also have practice in analysis in order later to be in the position to employ analysis as a method of investigation in the field. What vistas open into the future—how valuable it would be if we could even deal with the dream-material (along with the accompanying associations, of course) of primitive people, one

need scarcely say. The best opportunity for such work would offer itself to missionaries, in that they possess the necessary knowledge of languages and would not be impeded in their work by considerations of time.

I should like to answer just one of the questions asked by Jones. In his *Laienanalyse* Professor Freud delineates the future curriculum of analytic training and Jones raises the question: how the study of the various branches of knowledge, e.g. of biology, mythology, ' or indeed of the history of civilization ', is to be made possible for the analyst in training. I believe that this question can be solved partly within the range of the curriculum itself and that it will become all the simpler of solution if we do not cut the threads which connect us with the various non-medical branches of science. In any local group which contains among its members a biologist or sociologist the difficulty is already overcome. We have always sought in ethnology the common human factor, but it is only through psycho-analysis that we have found it. Psycho-analysis should become ' the spiritual bond ' between the various branches of scientific knowledge, but it needs the most energetic co-operation on the part of the representatives of the various mental sciences.

The future of lay analysis is the future of applied analysis.

XIII

EDUARD HITSCHMANN

VIENNA

I am reserving a detailed account of my attitude to lay analysis until later, but as Director of the Vienna Psycho-Analytical Clinic I hold strongly to the legal standard laid down by the Minister of Health that psycho-analysis is a matter for the physician.

XIV

PAUL SCHILDER

VIENNA

It seems to me unquestionable that the treatment of the sick is a matter for the physician. Everyone who suffers, or (in the case of the mentally diseased) whose former personality would feel his condition as suffering, is ill. Anyone who seeks healing belongs to the physician. Anyone

who desires or needs to be educated falls to the educator. He who seeks consolation, to the pastor. The adult generally decides for himself to which group he belongs. With the child the educator has a wider field. In the neuroses of children education may occupy the foreground. Lay analysis in the service of education and instruction has full objective justification and may even be regarded as necessary in so far as pedagogical problems are in question. Lay analysis for the sick (even neurotics are sick) should remain an exception and occur only under the responsibility of a consultant physician. The layman's position here is simply that of physician's assistant.

XV

HERMANN NUNBERG

VIENNA

Psycho-analysis is not part of the practice of medicine in the same sense as ordinary medical treatment. The modern physician, engrossed with an infinity of technical remedies at the sick bed, has no comprehension of the mental life of his patients. Similarly the medical psycho-analyst has little idea how to set about dealing with the organic troubles of patients. If a person with organic trouble wanders accidentally into my consulting-room I find myself embarrassed and seek to get rid of him as soon as possible. So far as I know many of my colleagues fare similarly. When it is objected, however, that familiarity with sick people and the professional medical sense of responsibility to them are necessary in psycho-analytical practice, we might perhaps assert with greater justice that a convent nursing sister is more experienced in these things.

Medicine was formerly in the hands of magicians and priests. It was a magic art which endeavoured to influence disease by psychic methods. With the development of the natural sciences medicine has differentiated itself from magic as a special technique. There are, however, cases in which this new technique—that of medicine built up on a basis of physical science—fails, and not infrequently the old magic unconsciously has to take its place. This art can be learned neither in the dissecting-room nor in the laboratory. The ability to exert influence on the mind is present in many young physicians undergoing training, only, however, in the majority of cases to be weakened by the course

of medical training. The psycho-analytically trained physician on the other hand learns to use the ' magic powers ' concealed in him as in every other person. It is therefore more necessary that all physicians should undergo psycho-analytical training before they so much as approach the sick than that non-medical analysts should first study medicine. It is therefore obvious that a preliminary medical training is not essential for the practice of psycho-analysis, since, in the words of Professor Freud, everyone, physician or not, is a layman in analysis as long as he is not thoroughly trained in it.

I have the impression that the resistance to the practice of psycho-analysis by laymen is not always sustained by purely theoretical considerations. It seems to me that other motives, such as medical prestige and motives of an economic nature, play a part. In our ranks, as elsewhere, the economic struggle finds its ideology. No one can be denied the right to struggle for his material existence ; but I should like to express my opinion that we ought not to fall into self-deception and allow ourselves to be actuated by material motives alone, for we represent a psychological movement which is concerned to distinguish clearly between subjective and objective springs of human behaviour.

XVI

FELIX DEUTSCH

VIENNA

One's attitude towards psycho-analysis as a therapeutic agent—and only that is in question—depends upon several points of view : first, upon the object of the treatment, secondly, upon the branch of science to which the analyst belongs by profession. Concerning the attitude of the non-analytical physician to this question, there is only this to be said—that his opinions may often be biassed by economic considerations, which is doubtless a reasonable standpoint but in this discussion can be brushed aside.

The term ' lay analysis ' is altogether an incorrect one as opposed to ' medical ' analysis. The term ' lay ' in this connection is to be taken as meaning ' non-medical.' The question then stands thus : Can a non-medical analyst practise psycho-analysis with therapeutic results ? As a matter of fact this is a contradiction in terms—for therapeutic results are the business of the physician, so that when psycho-analysis is used as a method of healing then it can be nothing but a medical

method. Here we cannot go into the question whether it is justifiable or serves any purpose to relegate the art of healing into the hands of physicians alone. We have to deal here with an accepted fact. But it does not follow that there are not, and will not always be, individuals who, without the whole ballast of so-called medical qualification, are yet able to cure better and quicker than many a physician. Now 'healing' means not only the employment of healing devices, but the avoidance of doing harm: healing means overcoming illness of every sort by every possible means. We should only have to say that illnesses of the mind are not illnesses in the strict sense of the word and so their treatment is not exclusively the province of the physician. Indeed, do not the majority of persons afflicted by mental troubles go not to a physician but to a priest, or to a good friend, etc.? and to a certain extent they obtain relief. Since psycho-analysis is only a method of psychotherapy which has been reduced to a system, while consolation, persuasion, and advice are also forms of psychotherapy, even if unsystematic ones, and are forbidden to no one, practice of it must be allowed to anyone who is able to use it. But hypnosis is also psychotherapy, and yet its use is directly forbidden to the lay person. Is it more dangerous than psycho-analysis in the hands of an unskilled person? This can only be true to a certain extent, for psycho-analysis can also do harm, viz.: when discontinued prematurely and at an unsuitable time. Hypnosis, as a form of treatment, is however forbidden even to a layman who understands the method. Psycho-analysis is after all more akin to hypnosis than forms of consolation. So far the question seems to be easily and unequivocably answered. If one pursues this line of thought logically the question arises: Is psycho-analysis to be included as one 'method of treatment' under the heading of psychotherapy, or does it stand apart? At this stage we are not discussing psycho-analysis as a method of scientific research, except perhaps in the case of an individual who might be used for the purpose of analytical research, that is to say, for the sake of psychological experiment and not for therapeutic purposes. It could not occur to anyone to forbid psychologists as scientists to apply their scientific investigations to human beings; they would be justified in not submitting to such a prohibition. Even the choice of method cannot be prescribed for them, not even to the extent of allowing them to experiment only on the healthy and not on those who are mentally ill, if merely because the margin between health and disease either cannot, or can only with difficulty, be defined. One sees the trap to which the

question leads, for psycho-analysis in application is simultaneously a method of research and of treatment. Every training analysis is at the same time a therapeutic one as well. We have thus arrived at the following conclusion: the psycho-analytic method of investigation belongs to psychology. Where does the psycho-analytic method of treatment belong? If its intention is to heal, apart from the question whether it is able to do so or not, then of course it belongs to psychotherapy. If, however, investigation and treatment in psycho-analysis are identical, we must reach the conclusion that psycho-analysis is *nolens volens* practised as a therapeutic agent by all who apply it, even if this is not their intention. We reach a war of words: 'You may only apply psycho-analysis for the purposes of research' is a threat to the psychologist by which we dig our own grave. Perhaps there is a gap in our line of thought? The psychologist says to the person to be experimented upon: 'I am going to conduct a psychological investigation on you, provided that you give your consent. During the investigation you have to follow all my directions. Do you agree to this?' The person agrees. This is a procedure free from objection. The person to be investigated might still ask: 'Can anything happen to me during the experiment?' The psychologist explains everything to him and adds: 'In every psycho-analysis the organic element in some way comes to expression. I can't concern myself with that. If you considered it necessary you could go to a physician whom I should choose.' So far still quite unobjectionable. But the person to be experimented upon might put yet another question to the psychologist, viz.: 'What are you going to pay me for this?' The psychologist pays. There is nothing to say against this. But if now it were the other way round; the psychologist demands payment from the person experimented on, does investigation then become treatment? The psychologist could honestly say: 'During the investigation you will in any case become mentally more healthy.' May he take money for this? No! for only a physician may take money in return for healing; that is the law. That decides the question that only a physician may practise psycho-analysis for money.

Didactic analyses, however, are an exception: the analysand pays for the tuition. But a didactic analysis is also therapeutic, and the reverse is almost as true. Here the Janus-head of psycho-analysis shows itself. But even from the standpoint of the object in view every conclusion is deceptive. Only the physician may heal; but how if the patient said, 'I am not ill, I only know too little about analysis.

I want to learn analysis from the psychologist'? He learns and is cured.

How does the matter stand with regard to the psycho-analytical pedagogue? He wants to educate, not to heal. Here also is no sure ground—for in the process of education psycho-analysis heals.

Does not this question lead us further? It has already been indicated that during psycho-analysis the organic element always comes to expression. It can also show itself beforehand in the form of illness; it may be the main mental symptom. Does it make any difference in such cases whether a medical or non-medical psycho-analyst conducts the analysis? It is admitted that the analyst has not to concern himself with the organic symptoms from a physical point of view, i.e. the analyst cannot make a physical examination of the patient during the analysis, thus he cannot determine what objectively corresponds to the subjective organic sensations. This is only true to a certain point. A physician can undoubtedly arrive at a picture of the physical condition merely from the description given by the patient. From the point of view of a therapeutic analysis is this an advantage? Does this knowledge promote the progress of the analysis? In the present condition of analysis and the present state of our knowledge of the organic origin of the neuroses, the question cannot be answered in the affirmative. Yet perhaps it may be so in the future. As a method of research psycho-analysis might also make observations of the physical state of the patient during the analysis. That would only be a difference in the direction of the research, and that is something which has nothing to do with analysis as a method of treatment. Every physician will be sure to say: 'You can only treat the whole individual, never his mind alone,' and with this argument he will feel himself meritoriously correct when he declares himself in opposition to lay analysis. But as long as psycho-analysis may call itself an independent branch of science, so long will this point of view—at least in this connection—always be liable to attack.

Everything depends on words; sense can become nonsense. The business of healing is an affair of the physician—that would be the final conclusion of wisdom.

XVII

WILHELM REICH

VIENNA

Up to the present the point in question has always been whether non-medical persons should practise medical psycho-analysis (i.e. analysis for the purpose of healing) on sick people. The point has now been shifted a step further since Professor Freud in his book on lay analysis made the proposal that psycho-analysis, even in its therapeutic sphere, should be separated from medicine, i.e. that a specialized group of therapists should be founded. We will now consider his most important arguments, of which there are three.

Lay analysis, i.e. the practice of analysis for therapeutic purposes by analysts who do not belong to the medical profession, is necessary :

(1) Out of consideration for the application of psycho-analysis to the mental sciences ;

(2) Because of the danger that if the practice of psycho-analysis were to be limited in its use to members of the medical profession, then psycho-analysis might vanish out of sight under the heading of ' Therapy ' in future text-books on psychiatry ;

(3) Because the curriculum of the medical profession, by reason of its preoccupation with the physical aspect, is unfavourable to the psychological way of thinking.

As to (1), the argument is that non-medical analysts require practical experience in order to be able to pursue the study of mental science. But, as a matter of fact, we find that mental science is not advanced, but on the contrary is rather hindered, when its workers become clinicians. The clinical interest which is aroused excludes everything else. The development of psycho-analysis as applied to mental science has begun to halt since lay people began to analyse. So that this argument is defeated by experience.

As to (2), this argument expresses a great distrust of medical analysts, in that interest in the theoretical aspect and therefore interest in psycho-analysis as a science is not in such safe keeping as in the hands of those who are non-medical, presumably because their interest is more concerned with the therapeutic aspect. Past experience does not justify this fear ; we will not decide about the future. In any case it does not seem to us that medical psycho-analysts have merited this distrust. Jones in his review has pointed out the counterpart of this distrust, viz. : the all too flattering opinion of lay analysts expressed by

Professor Freud, and we only mention it here lest we fall a prey to any unconscious petty resentment; conclusions must follow facts. Because psycho-analytical psychology is so intimately bound up with practical questions of everyday life that no step in the domain of therapeutics is possible without theory, and vice versa, theory should be in just as safe keeping with members of the medical profession as with lay persons.

As to (3), the argument that the medical curriculum is ' almost the opposite of that which one would employ as a preparation for the practice of psycho-analysis ' (in other words, the view that education based on physical symptoms is unfavourable to psycho-analysis) also expresses distrust of the medical profession in a qualitative sense; and we suddenly find that the question whether lay analysts shall work side by side with the medical profession is pushed aside by the other question whether members of the medical profession should practise as analysts. If Professor Freud had limited this criticism to the neurological conception of the neuroses we should have agreed with him unreservedly. If we venture to disagree with his weighty opinion it is with the profound conviction that we do so in the service of psycho-analysis. If psycho-analysis were essentially a contradiction of organic medicine, then the following facts would be inexplicable.

A physician discovered psycho-analysis; not only the majority of analysts, but also those who are not the least valuable, are members of the medical profession. Professor Freud once remarked that the time would come when the organic basis of psycho-analysis would be established, and further—a point which has hitherto received far too little attention in the discussion on lay analysis—he postulated a physical element as the nucleus of the neuroses and as the essence of affect; his conception of libido includes the physical (biological) as well as the mental. There are scarcely any patients without physical symptoms or sexual disturbances (disorders of menstruation, potency, etc.). The analyst who has had no training with regard to the physical aspect is thus helpless in the face of the ' actual neurotic ' nucleus of the neurosis, be it anxiety-neurosis, neurasthenia or hypochondria.

On the other hand, we are inclined to agree with Jones that it was only in the interest of the lay analyst that Professor Freud overemphasized the necessity of a ' thorough knowledge ' of the sciences of religion and ethnology.

Naturally we agree with Professor Freud that the interest of science must be decisive on this point, but it is just from this point of view that

it appears to us that psycho-analysis cannot be too closely associated with medicine.

One only has to think of the immense field of organic neuroses, hypochondria, neurasthenia, the psychoses ; and may we not expect a great deal from the psychology of organic diseases ? Or, when psycho-analysis has been severed from its foundation, are there to be special analysts who as physicians devote themselves entirely to this field of border-line organic cases ? In our opinion neither science nor the patient would benefit by such a division ; there would still be physicians who knew nothing of the soul and psychologists who knew nothing of the body, and besides these a group of physicians would arise who concerned themselves with the psychology of the body. The physician would understand the analyst even less than at present, the analyst would again completely forget that the libido has a physical (endocrinological) root and a biological function. The demand that everyone who intends to treat neuroses should be acquainted with the concept of the libido as a ' border concept between mental and physical ' is certainly not an unreasonable one.

The question of the lay analyst then as a matter of practice focusses on the course of training preceding the psycho-analytic training. For the present the medical curriculum offers the best provision for an adequate education. That members of the medical profession have shown such an unworthy and unreasoning attitude towards psycho-analysis is not due to the physical preoccupation of their education but is to be attributed to their complexes. But have even philosophers or biologists or pedagogues who come in contact with psycho-analysis behaved otherwise ? Why should the ' physical bias ' outweigh the philosophical ? Is not the philosopher always ready with the most complicated objections against analysis ? At any rate in the case of the analytically-trained medical man, the curse upon ' physical bias ' becomes a blessing on scientific and clinical ways of thinking. If the medical man is entangled by a mechanistic chemical prepossession, then it is the duty of psycho-analysis to free him from his errors. We can condemn the complex-conditioned lack of insight of *physicians*, but we need not on this account turn our back upon *medicine*. The chief point in favour of the medical man as a therapeutist, also as a psycho-therapeutist, is that he has learnt to handle patients, and possesses that minimum of therapeutic interest which justifies research upon the person of the patient. I have heard lay analysts openly boast that they had no interest in therapeutics. Why then do

they wish to practise therapy? It gives matter for thought when one hears an American lay analyst, who has had no medical training, say that long before his own analysis he treated 'organic diseases', and should devote himself entirely to the psycho-analytic treatment of such cases in the future.

If it were possible to provide a *suitable* form of academic preliminary study for *all* candidates, no one with any insight would have any objection to persons who were not members of the medical profession practising analysis on patients.

We must not leave out of consideration the fact that unfortunately by the very nature of its subject-matter psycho-analysis attracts dilettantes and adventurers who take up psycho-analysis from licentious motives. Recently a number of cases have come under notice in which material gain has been the sole attraction. Indeed, this occurs too in the medical profession. One is never secure against disreputable people, but one can expect nothing good from throwing analysis open to all and must demand a definite course of study and the restrictions imposed by academic degrees.

However the Congress may decide, the conception of psycho-analysis as a faculty in itself must not be set aside as utopian if it is our wish that it shall become a reality. The establishment of a definite academic curriculum, on a footing with that now existing for the medical profession, for those who are not medical but wish to practise psycho-analysis might be the first step towards it. It is only in some such way that one can avoid restricting the practice of therapeutic psycho-analysis to the medical faculty alone—a restriction scarcely to be desired.

XVIII

KAREN HORNEY

BERLIN

The problem of lay analysis may be approached from very different angles, and it seems to me that first of all it should be made clear which side of the problem is to be elucidated by this discussion.

It may be said that one side of the problem is that which concerns the world at large. It has to do with the claims made on us by the public, above all by the civil and medical authorities, and with the means of meeting these difficulties and weakening opposition. It can hardly be the object of this discussion to deal with this side of the ques-

tion, which we might call external politics, not only because there seems little of importance to add to what Freud has said about it, and not only because in Germany there is no occasion to dwell on it, but because we are all at one in fighting the lack of understanding in the world at large.

The other side is that of internal politics, so to speak, i.e. our own attitude to the question. At this point it would be better to narrow down the enquiry in two directions. We are not here dealing with the special training of psycho-analysts, but we are asking what constitutes the best preliminary study for this training, and that not for the psycho-analyst in general, but for the therapeutic psycho-analyst. It would be beating the air for us to insist to each other that the most important thing for the analyst is his special psycho-analytical training and that we must labour continually to make this even more thorough and many-sided. Moreover, in Berlin at least there has never been any difference of opinion on the point that an anthropologist or jurist who wishes for an analytical training for use in his own scientific field must have the possibility of gaining a personal impression of psychic mechanisms through conducting analyses himself.

Thus there remains the question what constitutes the best preliminary study for the special analytic training of the therapist. But here we must narrow the question still more, for it will be best to deal with the question of the personal qualifications necessary for the therapist before we go any further. In Berlin this question has in practice played a great part in the choice of candidates. We give it such importance that under certain circumstances even the question of previous studies is thought unimportant in comparison with it. Practically this question is interwoven with the question of previous studies ; but for all that we shall do better to exclude it from the discussion, because as it lies at the very root of the matter there can only be one point of view with regard to it. Personal suitability of this kind should of course be a *sine qua non*.

Now to the question itself. The formulation of it is important. As an ideal, then : what studies constitute the ideal foundation which we should desiderate for the analyst before his special training ? Or to put the question in a form more consonant with reality : which of the schools of study at present available seems to us the best as a foundation for the special training of the therapeutic analyst ?

Now the first formulation has undoubted value, and that not only theoretically. It shows us in which directions we ought to work to

bring this ideal about, but it scarcely forms the centre of practical interest at the moment.

We are left, therefore, with a choice between the available lines of education as constituting possible foundations for further training. I believe that there are only two university schools which need be considered ; because, apart from exceptions, it is hardly possible to obtain a scientific training in any other way, and also for the more external reason, that it is difficult for us to differentiate our requirements from those made by the world at large in regard to certain professions.

Of the given faculties there are only two that come into serious consideration ; these are the philosophical and the medical. There is no doubt that the philosophical faculty offers both scientific methods and also facts which can be very fruitful for the analyst ; we have only to think of anthropological, historical and literary knowledge, or of the schooling of thought through epistemology. But for all that there remain certain not unessential considerations ; if it is regarded as a defect of the study of medicine that it weighs down the analyst with a great deal of unnecessary ballast, yet this same objection may be raised against every other available school of study. One might perhaps even assert that the knowledge belonging to these other domains which is of immediate use to the analyst is not much more than that which is obtainable through a good general education, or might be obtainable from it if it were widened at certain points.

The following seems of more importance. All these schools of study give a bias towards theoretical thinking. This is certainly a valuable thing, but sometimes one cannot ward off an impression that we analysts fall victims to too much theorizing and not too little.

The medical course of study too undoubtedly results in an overplus of unnecessary knowledge, but on the other hand it certainly must be acknowledged that it gives the future analyst much which is of great value. I should like here to distinguish between the *general attitude* which it engenders, i.e. the general medical training, and the actual *medical knowledge* obtained from it.

In contradistinction to theoretical schools of study, medicine has the advantage that its object of study is the same as that of the analyst, i.e. the living human being and particularly the suffering human being. Its express purpose is to give a training which enables the student to observe the human being accurately, and to form a mental picture of his condition, and of how it came into being. This picture is certainly one-sided and deals only with the organic ; but for the analyst in

particular I fail to see any disadvantage in this onesidedness, since it will certainly be more than compensated for by his special analytical training. Further it gives an education in dealing with sick people, and a feeling of responsibility towards them, and above all a will to heal. This last factor does not rank very high in credit with us, but I am not certain whether it really deserves to be relegated to this humble position.

Of course all these attitudes may be acquired without studying medicine; but I fail to see why a training which expressly aims at developing and deepening such attitudes of mind should be held of little worth as a foundation for the study of analysis itself. For this reason we have in Berlin emphasized the value of wide clinical practice for medical candidates.

Psychiatry stands first among the special subjects. In practice it can only be learnt as a branch of medical training, since little can be learnt either from text-books or from lectures, but only from personal clinical experience. It is only in this way that the manifestations and course taken by paranoia, manic depression, and schizophrenia can become readily recognizable and easily estimated, and the capacity for rapid recognition of these conditions and for foreseeing the possible developments which a case may take can be acquired.

This does not in any way exhaust the advantages to be obtained from a psychiatrical and neurological training. There is hardly anything which brings us so impressive an acquaintance with the actual use of symbolism, and of the mechanisms of projection and displacement, as the clinical observation of mental patients. Besides which it seems to me an advantage to learn other psycho-therapeutic methods, not only in order to mix them on occasion with the 'pure gold of analysis,' but to be able to judge what other possibilities there are for any special case.

The advantages that the rest of medical knowledge offer to the analyst seem to me to be chiefly of a diagnostic character. I shall not here go into particulars, but I shall formulate them briefly. It does not seem to me to matter whether the analyst can himself diagnose correctly; what matters is that the medical analyst will suspect organic illness more quickly and for better reasons than the non-medical analyst, and secondly he will be in a better position to judge of the findings of the specialist (who will of course have to be consulted), because the findings mean more to him. I personally should not like to forego this possibility, especially in analysis of the female

castration complex, since in the treatment of these patients one meets again and again with a conviction on their part that they are organically ill in some way or another.

Should the development of psycho-analysis be in the direction of drawing organic illnesses more and more into the realm of its activities, it would be a further reason for laying emphasis on a medical training.

Taking all these things together it seems to me that medicine is the study which offers more to the analyst than any other. Therefore if the question is not whether it is possible to analyse without a medical training, but which of the available schools of study is the most desirable as a preliminary to analytic training, then we must give medicine the preference.

XIX

ERNST SIMMEL

BERLIN

For the moment it is a pleasant surprise to find Professor Freud taking part in a current controversy between psycho-analysis and public opinion, thus temporarily abandoning the attitude of aloofness he has so long maintained, and engaging personally on the side of psycho-analysis. Freud has, however, in no way departed, as might at first sight appear, from the view he has always held that the driving power behind the psycho-analytical movement is essentially *inherent in it*. The reason for his acting differently is simply that the times have changed and other measures are required.

The demand made by Austria, through an appeal to the law against quackery, that ' doctors alone ' ought to analyse is recognized by Freud to be a new though modified form of the old aversion to psycho-analysis, and is only exploiting a semblance of a more friendly attitude. It is this modification, however, that induces him to forsake, for the time being, his former reserve. As a matter of fact, under the pretence of sanctioning psycho-analysis, academic medicine is exchanging the attitude of passive aversion it has hitherto displayed for an aggressive attitude that is no less hostile. It aims the blow at persons concerned in order to strike more effectively at the cause which they represent.

We can easily imagine what it would mean if the action of Austria were successful, and any other nations were to follow its example.[1]

[1] A powerful movement is in progress in Germany, under the leadership of ' The German Association for the Suppression of Quackery ', with the object of abrogating the freedom of healing by legislative measures.

A general prohibition of the practice of psycho-analytical therapy by those of us who do not possess a medical qualification would amount to a serious injury to our psycho-analytical science; for it would deprive some of our most distinguished analytical investigators of their proper basis for research, viz., empiric material. It would also mean that our best teachers would either have to curtail their work of educating new practitioners of psycho-analysis, or give it up altogether. The result would be, with the present entirely inadequate supply of practitioners, that many sufferers from neurosis would no longer be able to obtain suitable, i.e. psycho-analytical, treatment. They would once more be subject, and in increasing numbers, to the therapeutic mishandling of those physicians who, under the sanction of their general legislative recognition, venture to treat every kind of sick person, even when their knowledge of the disease they have to deal with is practically that of a layman.

Freud's pregnant words throw a vivid light on the situation at the moment: 'In these cases the patients concerned are not like other patients, the laymen in question are not really laymen, and physicians are not physicians in the sense which that title is expected to convey'.[2] And, in fact, so far as psycho-analytical therapy is concerned, the 'quacks' who practise it are not the lay analysts, but those who, whether they are medical practitioners or laymen, 'undertake treatment without possessing the requisite knowledge or ability'. This 'requisite knowledge and ability', however, up till now, cannot be acquired in the course of medical training, but only at our psycho-analytical Institutes. In this respect we can scarcely look for much improvement in the future. For psycho-analysis, by reason of its essential inner nature, can *never* allow itself 'to be swallowed up by medicine, and find its final resting-place somewhere in the chapter on therapy, alongside procedures like suggestion, auto-suggestion and persuasion'. As a universal science of 'depth-psychology' psycho-analysis is called upon in ever-increasing measure to provide a new basis for *every* department of science which is in any way at all concerned with the study of humanity. This holds good for pedagogy, art, theology and sociology, no less than for the science of medicine as a whole. Our institutes, however, in order to do full justice to their constantly widening sphere of work, will develop more and more into 'Psycho-

[2] All the quotations from Freud in this paper in inverted commas are from his book *Über die Frage der Laienanalyse.*

analytical Colleges ' in Freud's sense. This will take place not merely in a distant utopian future but in the present day, through the logical enlargement and completion of the fabric on foundations that have been already laid. Not only the intending physician, but the future pedagogue and criminologist will complete their studies at these Institutes, as at State-recognised universities. I believe we all agree with our leader in asserting that, apart from those training as practitioners, everyone who is intending to apply psycho-analysis practically to any branch of science whatever must, in the course of such a curriculum, have an opportunity of becoming acquainted with psycho-analysis through actual therapeutic experience of its *objective* effect on patients. In this connection the fact that a mental scientist has occasionally to treat a neurotic patient in the course of his training need not trouble the official representatives of medicine. For it is precisely *our* Institutes, and they alone, that are in the position to undertake full responsibility for such an innovation. Officers of the Psycho-analytical Association, physicians and mental scientists, drawn together by similar psycho-analytical knowledge and interests and closely linked in community of work, are able to ensure that such treatment shall be supervised through constant ' careful control ' by medical analysts. In these cases for the most part the symptoms will not be of a nosological character, but will have been diagnosed as certain neurotic formations, such as abnormalities in character, inhibitions in capacity, in work, and so on. These disorders are the expression of some *specific* reaction against our modern civilization and its ' intolerable pressure that demands some corrective '.

What is essential here has been taken from the last chapter of the book *Über die Frage der Laienanalyse*, in order to show how large a measure of agreement Professor Freud can count upon from *all* his followers. For we regard the ' inner possibilities of psycho-analytical development ' in the same way as he : we recognise the complete justification of his claim that if reason is not to become folly again and a benefit grow into a plague, then the dead letter of a legal paragraph must be silent before the actual living law by which psycho-analysis has pursued and will complete its course.

But, frankly, an acknowledgment of the wide-reaching significance of our science does not, for my part, include in it a counter-claim that, in the *special* form in which it is applied as *psycho-analytical treatment* of disease, it has made a medical training quite superfluous. It is doubtless quite true that ' the analytical training intersects the circle

of the medical preparatory course, but neither includes it, nor is included by it '. But must we, on that account, conclude that *at the intersecting-point* of psycho-analysis and a medical training precisely the latter must not be made as fundamental and as complete as possible for the practitioner ? Does not the surest guarantee that the best attainable help shall be available for patients in psycho-analytical therapy lie in creating competent physicians who have received sound psycho-analytical training ? So, at least, it seems to us, on the ground, indeed, of Freud's own argument : ' For the sick person is a complicated being—he is a warning to us that no matter how intangible psychical phenomena are they are not to be erased from life's canvas. The neurotic is, even more, a most undesirable complication, an embarrassment to the art of healing. *But he exists, and is of special concern to medicine* '.

Ought we then, in addition to the ' embarrassment ' that neurosis admittedly creates for present-day academic medicine, sanction a further ' embarrassment ' by unreservedly giving general approval to the profession of non-medically qualified analytical practitioners ? Just as the neurosis of the sick person is an ' embarrassment ' for the non-analytical physician, so the sickness of the neurotic must always remain an embarrassment for the non-medical analyst. For, in Freud's own words, it will always be necessary ' to seek medical advice before the beginning of the treatment, and, in certain events, during its course ' in order to avoid the ' danger of misunderstanding the case '.

Thus the non-medical analyst and the non-analytical physician are both unqualified to treat neurotic patients, though to an incomparably greater degree in the case of the medical practitioner without analytical knowledge. Freud's attitude to this fact, in spite of the historic ' wrong ' his person and cause have suffered at the hands of the medical profession, is quite impartial ; so much so that he is able with the help of his ' impartial listener ' to gather material that admits of only one final solution of the problem. That is ' the production of an ideal medical personality that shall be equal to all professional demands '. And assuredly he will have no objection to applying this formula in a more circumscribed sphere : ' the production of an ideal personality which in a *medical speciality* shall be completely equipped for its *particular* professional task, in this case the treatment of neuroses '. Freud certainly has no doubt that ' medicine is closely concerned with the neurotic '. He sees only the inadequacies and difficulties that have hitherto beset its attitude to the problem of neurosis, and declares that

' *he himself* is not called upon to show the way out '. Consequently he thinks that ' *in the meantime* all the interests concerned will be met if physicians resolve to tolerate a class of practitioners who as good non-medical analysts are ready in their treatment to accept medical advice with regard to certain symptoms of disease ? This period of transition which, as Freud himself sees, is implied in his proposed solution of the problem of so-called lay analysis, is for the most part overlooked in the discussion. It is wrong to take Freud's conception as implying that on grounds of principle he considers a medical training superfluous for the future also. Certainly the reader of Freud's polemic might be led by some of the author's own remarks to take this erroneous view. For Freud sees no risk of any kind in the quite *provisional* nature of the *present* solution by which psycho-analytical therapy is open to suitably-trained ' laymen '. He adopts rather the standpoint that in the given circumstances even ' all the interests concerned ' are thereby completely safeguarded. ' These interests are of a threefold nature—those of the patients, of medical practitioners, and, last but not least, those of science, which include the interests of all future patients '.

I fear this is not the case. Not a few, along with myself, do certainly perceive a danger if a principle is acted upon which, in contrast to the course followed by our Berlin Institute, actually makes the *non-medical* analyst at the present day the rule instead of the exception. The science of medicine, in its actual present phase of lively development, will be one of the first to be endangered by this, and along with it the interests not only of future neurotic patients but above all of *existing* patients.

It seems to me that in pointing out the claims of science in connection with analytical therapy Freud overrates the claim of *psycho-analytical* science, and underrates that of *medical* science. He overlooks the effect of his own profound and penetrating influence on the development of the science of healing which is now at full flood. Thanks to the influence of psycho-analytical knowledge on our training schools—even although that influence is frequently unconscious and effectively veiled—an epoch in medicine is drawing visibly to a close : the epoch, namely, in which the attention of students was directed only to ' anatomical, physical or chemical facts that could be objectively established ', and in which ' the problem of existence was brought within his horizon only in so far as it was explained by the action of forces which were also demonstrable in the inorganic world '. The knowledge that ' the psychical phenomena so difficult of comprehension may no longer be

erased from the canvas of life ', least of all from the picture of disordered life, i.e. of disease, is breaking a path for itself into the world of medicine.

The first general Congress [3] of Medical Psycho-therapeutists held last year in Baden-Baden is a sure sign that medicine is beginning to abandon the course it has hitherto followed. Representatives of specialities in all the most varied departments of medical science were gathered together in order to consult as to the best method of getting rid of the embarrassment hitherto caused by a one-sided, specialised, ' soulless ' attitude to disease. The discovery was once more made that beyond the disease there is the *diseased person*, with the manifold phenomena of his existence ; and there was a unanimous conviction that every disease, no matter whether the outstanding symptoms were psychical or somatic, was ultimately the manifestation of an inadequacy in the *total personality*, and had to be therapeutically conceived *as such*. That this idea, so new to medicine, was to a very large extent the result of the spread of psycho-analytical knowledge is clearly shown by the fact that almost every investigator who took part in the work of the Congress dealt exhaustively with the relation of psycho-analysis to his own subject. There were certainly one or two of them whose personal resistances prevented them from giving more than a partial assent to the findings of psycho-analysis, or who accepted standpoints that we have abandoned ; but that fact should by no means mislead the analyst into overlooking the *positive* advance of psycho-analysis in medicine.

' Scientific medicine ', therefore, as ' the practical craft of healing ' has—*with the undoubted help of psycho-analysis*—really begun the endeavour to grasp ' the inner connection between the things we distinguish as corporeal and mental '. If at the present moment we declare that medical training is not essential for the treatment of mental disease, it means that we are driving medicine back to the old, ' one-sided ' attitude of expecting ' organic biology and chemistry to point out the path towards understanding and influencing neurotic phenomena '. Freud and his supporters do not admit that medicine has really any concern with the treatment of neurosis at the present day, and will not have until that ' distant day ' when it shall succeed in healing psychical disorders by an artificial transformation of the inner chemistry. But this would mean a direct obstruction of the

[3] An account of the Proceedings appeared in 1927, published by Carl Marhold, Halle a.d.S.

progress that the *medical* analyst is able to accomplish, and has indeed already begun to accomplish, in the realm of medicine. Precisely that state of things would arise that Freud wishes to avoid : the sick human soul would remain the special subject of the analyst, and the sick human body that of the physician ; while the possibility that psycho-analysis has brought within the reach of a general science of medicine of also dealing successfully with the ' life-processes ' in a diseased organism would once more be lost. In addition to this a close corporation, of the sort that we have to deplore in other branches of the art of healing, would gain ground among psycho-analytical specialists—such a situation as, e.g., compels an oculist, in a case of disease of the tear-ducts, to call in a rhinologist, because *his* competence ceases a few millimetres beneath the eye.

I do not think that the optimistic view of the possible developments of modern medicine, implied in my argument, is in any way due to an incautious estimate on my part, into which I may have been misled by an ambivalent attitude in myself to psycho-analysis. It enables me rather to perform a duty which I believe to be an important task for Freudian followers, since the master has rightly refused to undertake it himself—the duty, namely, of actively co-operating in the extension of psycho-analysis in the direction which Freud's work itself has indicated.

My own part in the work of the Congress to which I alluded, both in its general sessions and in its committees, will I hope help towards securing what Freud himself desires—that the German medical faculty shall at least sanction the training of medical practitioners as psycho-analytical therapeutists. If this were done a very significant step in advance would be made. For in Germany medicine has not only long ceased to show the hostile attitude to psycho-analysis which apparently still obtains in Austria, but has often openly acknowledged its need to learn from it. In proof of this is the fact that the Berlin Gynæcological Society on one occasion asked our ever-memorable leader Abraham to give a lecture on the importance of psycho-analysis for the cure of women's diseases. Besides this, invitations to conferences and joint discussions have been sent to our Society by other medical corporations. In the medical world, therefore, the latency-period for psycho-analysis is over at last, and if the representatives of medicine in Austria to-day meet psycho-analysis with an emphatic ' No ', this aversion is in my opinion a negation such as Freud describes, which betrays itself as the legacy of a process of repression. In this way

physicians recognise psycho-analysis in their scientific consciousness since it is no longer to be altogether excluded. The powerful and long-standing resistances hitherto shown to the problem of neurosis, especially by physicians, are in general very easy to understand. This problem is the ' special concern ' not only of medicine as a whole, but of medical practitioners as individuals. The researches of Freud and Roheim have shown that their *choice of profession* in itself results from unconscious, archaic impulses, and that the *practice of their profession* too often simply amounts to a symbolic substitute-formation, equivalent to a neurotic symptom, and serves as a subsequent solution of the Œdipus-conflict they had failed to master earlier. The narcissistic disillusion which acceptance of psycho-analysis means for civilised humanity is specially painful for the physician. It deprives him of the aureole belonging to the bygone wizard and medicine-man ; it wrests from him the mantle of ' omnipotence and omniscience ' he wore in unconscious pride, and condemns him to the modesty of ' the wise man who knows how inadequate all his wisdom is '. He has to yield the central position hitherto held by his own subjective experiences to his patients' ' life-processes ', the most trivial expressions of which he has now not only to observe, but to listen to. Often enough he even runs the risk of falling ill himself precisely on account of the ' sublime ' ingredient of his readiness to aid, i.e., his pity for others through regression becomes literally identification, *suffering with* others.[4]

Since psycho-analysis produces all these intra-psychical difficulties, more particularly for the physician, there must be something more than external circumstances—there must be an inner necessity—to account for the fact that the vast majority of psycho-analytical practitioners belong to the medical profession. This inner necessity is due to the fact that the psycho-analytic therapy of neuroses represents an entirely special and novel form of the art of healing, and of its practical application, which nevertheless like all the rest of therapeutics is exercised on *diseased* persons, i.e. on persons whose ' life-processes ' have been deranged. In other words, we have here, in outstanding degree, the psychical manifestation of a biological process that has a continuous reciprocal effect on the body. For that reason a training in the medical profession seems to me to be indispensable for everyone who undertakes the responsibility of healing the sick, and therefore also for analytic practitioners.

[4] Cf. in this regard my remarks in ' Doktorspiel, Kranksein und Arztberuf ', *Zeitschrift*, Vol. XII., Part 3.

It is doubtless quite true that a great deal of the knowledge he has acquired in the course of his training can no longer be used by the present-day physician in psycho-analytical practice, and it is just as true that he owes to that training the advantage of various acquirements and capabilities that are imperatively necessary for him. The sole deduction from this seems to me to be that we should be very cautious about the admission of medical practitioners for training in psycho-analytic therapy, and should see that talent and inclination make up in them what is still lacking in their official training, owing to the shortcomings of its attitude to psychology. It may be mentioned, in this connection, that in Germany at the present time a thorough reformation of medical training has been inaugurated, and an attempt made to provide for the psychological desiderata that were discussed at the Baden-Baden Congress. Along with such a re-orientation of the medical curriculum, it would certainly be desirable, both for psycho-analytic practitioners and for many other specialists, that a decentralisation of the training should be arranged. This would be somewhat in the nature of a ray-like distribution of the practical and theoretical material the student has to master, which would give him an earlier opportunity than before of applying himself to his training as a specialist, i.e. in our case, of attending the Berlin Psycho-analytical Institute.

When Freud says that the analyst ' cannot utilise for his purposes the great mass of what has been taught him in the medical schools ', he thereby, in my opinion, makes the actual *ability* of the practitioner too dependent on the amount of *knowledge* that he has *consciously* ready at his disposal beforehand. Besides, it seems to me that some little knowledge of physiology and pathological biology, especially with reference to the ' danger of misunderstanding a case ', is no less valuable than the knowledge, important enough in other respects, of the connections of psycho-analysis with ' the history of civilisation, mythology, the psychology of religion and the science of literature '.

And even although the medical curriculum of the present day has to carry a great deal of ballast that is unnecessary for the practice of healing, I believe that the student has really to learn a great deal only to be able to forget it again. He has, e.g., to forget his former knowledge of the tarsal bones in order to retain a general idea of the important and complicated structure of the apparatus which supports the human body. As a practitioner he has also to *forget* the individual ' serum-reactions ' in order to be able to form a clear conception of the importance of immunity-biology *as a whole* in any problem of individual

defect. From the analytical point of view we can very easily understand how, even in the matter of a profession, the personality is developed by means of the introjective elaboration of the contents of ideas, which, precisely owing to their capability of being forgotten, acquire, in addition to their value as the descriptively intellectual material of culture, the value also of the formative power that makes us ' cultured ' persons. A high degree of education gained *in this way* is required in particular for the ' production of the ideal medical personality '. For it is this alone that enables the physician to progress beyond mere craftmanship to a genuine art of healing.

Further, the medical student has much more to master in the course of his training than the mere knowledge of theoretical material. It is just that practical experience that the physician has of his patients and their surroundings that I, for one, should not like the analytic practitioner to be without. The varied scenes that he witnesses in the clinic and at the sick-bed in the home, the *large number* of sick people whom he sees and watches, as well as the many diseases that react upon him under the most diverse conditions of existence—from the environment of the hospital to the environment of family life under the pressure of toil and poverty ; the spectacle of human beings falling ill, becoming well or dying—all these are impressive experiences which, in my opinion, everyone ought to have had who ever accepts responsibility for the fate of any patient whatsoever. And the analyst should, in my opinion, also be able to undertake such a responsibility on his own account. For, while the necessary assistance which the lay analyst requires and receives from the physician both before the treatment and during its course does certainly lessen the risk of misunderstanding the case, it can never entirely eliminate that danger. When, however, for psycho-analytic reasons, a consultation with another physician becomes necessary, the interests of the patient require, as I shall explain later on, that this should not take place because of any incompetence on the part of a *lay* analyst, but simply as the result of a voluntarily-expressed recommendation on the part of a *medical* psycho-therapist.

The analyst who is really equipped for his responsible task ought also to be in the position to undertake the preliminary consultation with the patient himself. The difficulties of a differential diagnosis are least of all important in regard to the question : is it a neurosis or a schizophrenia ?—a point that has been unduly emphasised in our discussion of this subject. For, as a matter of fact, any expert ' lay

analyst ' will have more useful knowledge about the paraphrenias than an academic psychiatrist.

But many another important decision has to be made ; whether, e.g.,—and this is a case that Freud also emphasises—at the time there exists an independently founded neurosis at all, or only a neurotic symptom which has become manifest as the result of a ' relative ego-debility ' due to somatic illness. Who can form a really adequate judgement here and weigh with accuracy the relative significance of psychical or physical aberrations that are often only very slight, especially when it is a question of what indications there are for successful therapy ? The lay analyst cannot do this, nor can the physician ; it needs a therapist who combines the qualities of both.

I remember a case in point, where a quite typical obsessional neurosis was the precursor of a cerebral lues which within two weeks resulted in the death of the patient. During an exhaustive interview with the patient, in the course of which he informed me of his relative impotence (potent with prostitutes, but impotent with his wife), I was struck with a certain sluggishness in the action of his pupils. Had I not, as a physician with former clinical experience, here been accustomed to observe and be influenced by the manifestations of human diseases both psychical and somatic, with their varied possibilities of expression, I should certainly have been tempted to begin a psycho-analytic treatment without any previous physical examination.

Forms of disease that are like neuroses must also be well known. They are either the initial expression of disorders of the central nervous system, or even of an inner metabolic change : manic-depressive phenomena in incipient paralysis, aberrations from normal sensibility, neuralgic symptoms, disturbances of potency in incipient tabes dorsalis or in diabetes, etc. What physician could mistake the multiple sclerosis forms of hysteria who was familiar with a scanning of speech ?

And, finally, what should be the attitude of the ' lay analyst ' towards a patient in whose case a medical practitioner has without any hesitation diagnosed an organ-neurosis ? Here a psycho-analytic cure is undoubtedly indicated. But the whole previous life-history of the patient has often been extensively affected by *somatic* disorders that are neurotically conditioned, which are reactively intensified during the treatment ; so that analysis can be begun and carried out with any prospect of success only when the therapist is in a position to meet the constantly-alert mistrust of his patient by being really able to

undertake full medical responsibility. Only when the analyst has undertaken the preliminary examination himself will the patient feel that he can trust him with all his maladies, and willingly yield to him the responsibility of dealing with any new symptoms that may make their appearance. We know, of course, that the phenomenon of transitory organic or organic-like symptoms may make it necessary to call in another physician, in order that difficulties in the transference may be avoided. But even in these circumstances, it seems to me from purely psycho-analytical considerations that the position of the medical analyst is stronger than that of the non-medical.

We must in any case assume that the *somatic* symptoms especially which appear during the course of the treatment are signs of a renewed process of repression, which, as the result of an unsuccessful attempt at transference, submits to the repetition-compulsion at the bidding of the resistance. The actualization of the neurotic conflict suffers at such moments a certain displacement, in so far as it is related, not to the *objective external world*, i.e. to its connection with the analyst, but to the *subjective external world*, as I once called it,[5] i.e. to the patient's own body. The firmly tenacious inclination to introversion here manifested admirably fulfils the ucs aim of a compromise-gratification. This sort of corporeal ' behaviour ', which puts a somatic experience ' in place of a memory ', is probably intended to lead the analytical physician wrongly to undertake an examination, i.e. to show direct marks of affection. At the same time, however, it constitutes a transition to an intensified defence—to a regression from repression to flight. For the patient wishes to flee to *another*, to the so-called *proper* physician, to *his* examination, and to *his* treatment. In transference-conflicts of this kind I consider that the medical analyst is in a much surer position with regard to his patient, and has a much better prospect of effecting a cure than the lay analyst. For the former is far more able and far more justified in *prohibiting most drastically* the calling in of another physician, precisely on the ground of his own preliminary examination and of his judgement of somatic reactions and their consequences which is supported by his medical experience. If, however, it should happen that the analyst himself sees that a consultation, say with a specialist, cannot be avoided, then as the physician who is actually giving treatment he will not by doing so let the patient out of his hands. He will remain within reach of

[5] Cf. ' Doktorspiel, Kranksein und Arztberuf.'

the specialist as consultant during the necessary breaks in the treatment. He will guard against any possible excess in the methods of the colleague he has asked to advise him, and take care that all the requisite measures of organic therapy are reduced to a minimum. For the analyst ought not to be a passive spectator while his patient is creating extensive possibilities of discharge and fixation in the new treatment both for his positive and negative transference, in order to withdraw them from the analytical situation in which they were roused. The consequences of a complete elimination of the analyst might be extremely dangerous for the former analysand, who is at the beck of tendencies to self-punishment and in flight from the analysis of his castration-complex. For the castration-anxiety is brought into action during the transference as the motive of repression, and also as the motive of '*repeated* repression', and consequently, of the archaic regression to flight. Here, however, the castration-anxiety which brings about the affective transformation of love into hate is probably at the same time also the cause of the affective change over from the psychical to the physical: i.e. when the psychical function of repression is no longer stable and the *external motility* is no longer serviceable for flight, there seems to me only one possible outlet as the *via media* between flight and repression, viz.: the invasion of *inner motility* by the castrating tendency, and the turning of the destructive libido on the real body-ego.

By an illness of this kind the patient under analysis escapes the dangers created by the analytical situation—the self-threatening, incestuous claims that he makes on the analyst. At the same time he thereby gives himself up to the analyst's double—the *proper* physician. The positive part of the transference—the part capable of becoming conscious—is directed towards the latter, the negative part is turned against the analyst, or against the patient himself.

We all know of such 'organic neurotics'; with their special maladies they are seldom or never out of the specialist's hands; they have to undergo operations, often repeatedly, and occasionally they react quite unexpectedly with serious complications such as narcotic shock, etc., to a treatment that is quite according to rule.

In situations of this nature which, if I may judge from my own experience, may occur during analysis under the influence of a particularly stormy transference when there exists at the same time a strong castration-complex, the life and health of our patient may be so much endangered that we are directly *compelled* to be both good analysts and

good physicians *in the same person.* As good analysts, in cases where the capacity for sublimation on the patient's part is limited or exhausted, it is our duty not to resolve part of the transference that lies uppermost but, as Sachs once said, to accustom the patient to enjoyment of it in small doses. As good physicians, it is our duty above all never to neglect our guiding rule in dealing with patients—*nihil nocendi.* On two occasions in my practice the observance of both these principles has led me, on my own account, to break off the psycho-analytic situation and make a personal investigation of the patient in his own home. I do not believe that in doing so I infringed any analytical rule but in accordance with the nature of the case simply transferred the application of it from the psychical to the physical sphere. Despite the fact that another physician confidently diagnosed peritonitis and appendicitis, the sole result of my examination was a remarkably swift retreat of the threatening symptoms.

Occurrences of this sort are certainly rare in psycho-analytic treatment ; but they prove to us that a variety of what is known as medical ' finger-tip ' sensitiveness is not unimportant for the analyst, especially when it is a question of forming a judgement with regard to ending the treatment at the right time, which shall yet be in keeping with the nature of the case. An analyst with general medical experience will at once observe the first signs which announce that the libido in the process of splitting up is endeavouring to avoid a deeper psychical regression and is finding an outlet in organic lesions of a really serious nature.

In my opinion, Freud has taught us to recognize in a hysterical symptom the process of transformation of the psychical into the physical, and in his paper ' An Introduction to Narcissism ' has shown that the main instinctual source of *every* disease—mental as well as bodily—is an overloading of the ego-libidinal reservoir, and the resulting ego-deficiency. Since we have known this, ' the gulf between bodily and mental has to a very great extent lost its importance in our observations and especially in regard to our practical efforts '. Both as analysts and physicians then, we must, in order to be able to produce any effect, constantly descend from the level of the conscious (which controls the access to *external reality* through external motility) to the unconscious, to the abode of the *id*, which under the dominance of psychical reality also holds in its hand the rudder of ' inner motility ', i.e. of organic biology.

To all ' impartial listeners ' Freud's brilliant arguments must carry

much conviction when he shows how the technical core of the psycho-analytic method of treatment has really no resemblance whatever to any other form of medical practice. The analyst's skill in interpretation, which depends ' on the sharpening of those intellectual capacities on which his profession makes the largest demands ', can never, it is true, be acquired in the course of medical training, but only by the theoretical and practical instruction given in our Institutes. The dynamic forces that operate in the process of treatment, which act and react on the soul both of the analyst and of the patient, under the operation of free association on the part of the one, and of ' evenly-hovering attention ' on the part of the other, are brought into play quite independently whether the analyst happens to be otherwise a physician, a philosopher or a jurist. At the same time I believe I have shown in what I have said here that the *special* acquirements and capabilities that are required by the practitioner, in addition to the analytical, are not matters of indifference to him in carrying out treatment. The possibilities afforded by a knowledge of medicine enable him both before and during the analysis to meet, with a full sense of his own personal responsibility, all the demands made by so many-sided a problem as that of *disease*. In this connection then, the problem of neurosis may be seen to be one single task of great magnitude and importance among all those that have to be met by a practical science of healing.

It was not by accident that psycho-analysis began its career within the precincts of medicine as its proper home ; nor is it by accident that mental scientists of outstanding importance have placed themselves at its disposal and done notable work for it. The medical faculty had been found wanting. For more than two decades it refused to do its duty by psycho-analysis, as a result of special resistances due to its professional psychology. But now the tabooing ban has been broken. And the working powers of the non-medical analyst can be made available in growing measure for those numerous provinces of mental science that imperatively require them. Nevertheless, psycho-analytic treatment of disease, which was inaugurated in a medical practice of the best character, will ultimately—though it may be by an indirect route—return to it again.

XX

J. SADGER

VIENNA

I hold the view firmly and on principle that sick persons should be treated exclusively by physicians, and that any analysis of such persons by a lay analyst is to be avoided. The only exception I would allow is in the case of children and adolescents requiring corrective education. In this case it is a supplement to education for which physicians, even children's specialists, are only in exceptional cases suited, and medical knowledge is only a secondary consideration; and apart from this, every male physician from the outset runs the danger of being taken for a father-substitute from whom the young may fear castration, a danger which is far less, or is altogether absent, in the case of the mother or mother-imago. But the adult neurotic belongs unconditionally to the physician. It may be of great value for doctors of philosophy and other lay workers to make themselves acquainted as far as possible with the findings of psycho-analysis, in order by its help to understand and penetrate the various mental sciences better than pure specialists without this equipment can do. For in this way non-medical specialists can do very fruitful work, each in his special sphere. Indeed, psycho-analysis in their hands can become even more fruitful than was the theory of evolution, Darwinism, decades ago. But from the treatment of the adult neurotic, which requires beside pure psycho-analytical also general medical knowledge, in addition to special neurological and psychiatrical training, lay persons must without exception be excluded, even if they be doctors of philosophy.

XXI

J. HÁRNIK

BERLIN

There are two factors which produce an intimate connection between the psycho-analytical and the medical profession: (1) The fact that the analyst must possess a vast amount of medical knowledge if he is to gain true insight into the life-history of his patient. To illustrate this assertion by means of a single very common example: I do not believe that he can carry out his analyses without a knowledge of parasitic worms and the various symptoms and manifestations they give rise to.

In a general way, too, the illnesses which a person has gone through are part of his development and, independently of the possible psychogenic origin of organic illnesses, may sometimes have a decisive bearing on mental changes; so that the analyst must also have a more thorough knowledge of them than that possessed by the ordinary person. Where and in what manner the analytic practitioner is to acquire this knowledge seems to me nevertheless altogether beside the point. (2) Certainly a far more essential factor is the impulse to help those who suffer, which is rooted in the unconscious, and which the analyst has in common with the physician; on the other hand, he must be able to keep himself free from disturbing influences, especially those acquired in medical schools, and that of therapeutic fanaticism. Tenacious adherence to the specific analytic method of reaching the unconscious will be his sole and only help with regard to this.

The qualification or the efficiency of an analyst can therefore never be dependent on the question whether he has obtained the medical diploma or not.

XXII

ROBERT WÄLDER

VIENNA

Psycho-analysis originated and developed in answer to a medical problem; it was indeed the work of a physician who departed entirely from any analogous method in medicine. From this field of origin, however, psycho-analysis very soon definitely extended; it laid claim to deal with normal psychology and to develop methods of technique which applied to the healthy no less than to the sick. At the same time it has so far enlarged the conception of mental illness beyond the truly narrow clinical boundary that it practically includes almost everything that lives. We now speak of the 'neurosis' of a person in the same matter-of-fact way that we speak of his 'character,' 'personality' or 'abilities.' With this widening of its objects and its problems psycho-analysis has ceased to be, if indeed it ever was, a branch of medical science, and cannot certainly become a part of it as long as it persists in its wide-reaching claims. We must even refrain from including psycho-analysis in categories which, although outgrown, have become agreeable from habit.

At this juncture the *legitimate* co-operation of non-medical, so-called 'lay,' persons begins, whose interest in psycho-analysis has arisen on the basis of other scientific work outside that of medicine.

A psycho-analytic movement which is to do justice to its problems in connection with human development cannot do without this co-operation ; quite apart from the fertile connection with other problems which it continually helps even the medical analyst to maintain, its function is to work towards the final synthesis of the psycho-analytical science of the mind with all the valuable findings of other psychological methods. By means of the infiltration of academic psychology with analysis (which has scarcely begun to-day) and even indirectly through its teachers who receive such training, we may expect that more extensive knowledge on the part of the public which is so desirable for the extension of analytical practice.

If, however, non-medical workers are to be permitted to study analysis, then it follows from the nature of our science that practice on living subjects can no longer be denied them.

It must be admitted without hesitation that medical, and in particular psychiatrical and neurological knowledge, is always an advantage and sometimes indispensable for the practice of analysis ; a medical training will not be lacking to the ideal analyst. But other pre-requisites are equally important for this ideal—conditions which in individual cases the physician can probably fulfil, just as a lay person may acquire medical knowledge, but which are nevertheless not in any way acquired through the medical training itself. For example, that training in methodical thinking which can only be acquired by the study of the exact sciences, or psychology or biology. In so far as one observes tolerance towards medical men in respect to their lack of knowledge or efficiency in these branches, the same tolerance must be displayed in the same way in respect to the non-medical qualification of those who fulfil other valuable conditions for analysis ; the more so because the lack of medical training, which relates less to method than to facts, can be relatively largely compensated for by a medical diagnosis and by constant consultation with a medical man versed in analysis.

So much with regard to the desirability of lay analysis from our analytical point of view. My view would be in favour of admission of it even if all these arguments were invalid, and would be determined by an attitude of liberalism (not corresponding, it is true, to current tendencies), which sees in the daily-increasing system of professional specialisation and tests of efficiency an expression of a petty, provincial state of mind and one of the most destructive influences of the present day, both culturally and economically. It is certainly not

honourable to drag in the interests of third parties; the community does not protect its members from the manifold hygienic, material, social and mental dangers of life, and it is not comprehensible why it should take up the task of protecting them from the possibility of even real quackery.

These observations aim at defining a practical and theoretical standpoint which need not necessarily coincide with the tactical one of policy. From the tactical standpoint one would be well advised not to make the position of the psycho-analytical physician more difficult in respect to the rest of the medical profession; to overcome this difficulty I believe that a medical diagnosis before the 'lay' analysis must serve the purposes of diagnosis and exclusion of unsuitable cases, and thus, in addition to medical consultation during the analysis, will surely meet all objections.

XXIII

ROBERT HANS JOKL

VIENNA

(The following views were expressed before the Vienna Psycho-Analytical Society by request, in connection with the proceedings against Dr. Theodor Reik.)

The circumstance that legal proceedings are being taken against a member of the Vienna Psycho-Analytical Society for quack practice, requires us, in view of our special knowledge of the subject, to define our precise attitude with regard to the practice of psycho-analysis by lay (non-medical) persons.

According to its original significance psycho-analysis is a method of investigating the depths of the mind, and is therefore a psychological science, and is not included in the usual medical curriculum. The method may be applied not only within the sphere of medical interests but also in various other branches of science, such as psychology, philosophy, pedagogy, theology, historical research, etc. In therapy, psycho-analysis is applied to a group of diseases which by their very nature form a borderline territory for non-medical treatment of other kinds, e.g. many psychic and character anomalies of young people and adults which are treated by educationalists; so that such cases would better be handed over to psychologists or educationalists who are trained psycho-analysts, than left to physicians who have not had the requisite psycho-analytical training but whom the existing

professional medical attitude allows to carry out every form of treatment, even that of the mind. Moreover, the practice of psycho-analysis for the cure of sick persons requires personal qualifications which are in no way adequately provided for in the obligatory medical curriculum. Neither is this taught in the medical schools, nor indeed is any value placed on a knowledge of medical psychology ; in addition, a thorough training in this respect is laborious and difficult. In the hands of the ignorant psycho-analysis can become a dangerous instrument, which can do just as much irremediable harm as it can do good in the hands of the right person. Conscious of this and recognizing their responsibility, the Vienna Society, as well as some foreign Branch Societies of the International Psycho-Analytical Association, have established places for training. These training institutes will make it possible for those who have the ability, after receiving a thorough training, to practise psycho-analysis in a way against which no objections can be raised and by which all injury to the nervous patient (such as results from ' wild ' analysis by unprofessional persons) shall be as far as possible prevented. In order to be admitted, physicians, besides undergoing a personal analysis and other courses of instruction, must have a sufficiently wide training in neurology and psychiatry ; persons from other professions must have a corresponding foundation analogous to this.

The case before us relating to our member, Dr. phil. Theodor Reik, concerns a personality to whom psycho-analysis owes considerable advancement through many valuable theoretical contributions and practical successes. An indispensable requisite for such work, however, is the opportunity of studying the mechanisms of the mind by employing the method on suitable subjects. Physicians are often lacking in the necessary training in psychology (and besides have too many professional calls on their time) so that they cannot undertake theoretical investigations of value alongside their practical therapeutic work with patients, whereas the psychologist seems from the outset specially suited to do so. If we had conformed to the opinion of the medical authorities, which is grounded chiefly on economic considerations, that non-medical persons must without exception be excluded from treating the mentally sick, we should be much poorer in many points of theoretical knowledge to-day—a state of things which in the long run would have worked out in practice to the disadvantage of patients themselves.

The double aspect of psycho-analysis as a psychological and a

therapeutic method makes it appear reasonable that the co-operation of the non-medical person should be desirable. In the cases of an educative character this is self-evident and is scarcely contested from the medical standpoint. The protection of the patient, as well as the interest of the medical profession, is meanwhile ensured by the stipulation that sick persons, and all other cases requiring temporary or continual medical observation, must be treated by non-medical analysts under the responsible supervision of a physician. The non-medical analyst is the practising assistant of the supervising physician, a proceeding which is customary in other branches of medical therapy. The physician bears the burden of responsibility and is called in for advice in all matters of doubt, or when his supervision or his medical knowledge is required.

In view of the foregoing considerations, we consider ourselves justified in coming to the conclusion that the attacks (mostly from excess of zeal) set in motion by the medical profession against ' lay analysis ' (which really doesn't exist, since it is the qualities or proficiency of the analyst which matters and not the profession to which he belongs) not only lack justification in fact, but represent biased attempts on the part of its opponents to discredit psycho-analysis by clever exploitation of existing conditions in the science. *We represent the view that the psycho-analytical treatment of a patient who is suffering from a mental affliction by a person who is non-medical but authorised in a competent manner, and under medical supervision, is not open to legal objection and is practically unavoidable in the interests of patients and the advancement of our science.* Such a practice cannot be branded as quackery, any more than it can be shown to infringe the standards set up by the medical profession, whose previous attitude towards psycho-analysis makes their subsequent claim to practise it exclusively scarcely comprehensible.

XXIV

VAN OPHUIJSEN

THE HAGUE

It may be assumed that, from all time, physicians have found it necessary to make use in the course of practice, *in the patient's interest,* of non-medical assistance. As time went on and organisations were evolved of certain persons who made it their profession to render such assistance, increasingly high demands have been made upon them in respect of education and training. It is now universally required

that they should have some, more or less superficial, medical knowledge and a relatively wide experience with sick persons.

It occasionally happens that in some special field of therapy such assistants display more insight and skill than many medical men.

In weighing the question whether psycho-analysis also (whether undertaken as therapy or for training) may justifiably become a profession for non-medical persons, we must take into account the fact that there are already a number of lay analysts. Further, we must suppose that in this, as in other cases, it has seemed necessary ***in the interest of the patients*** to have recourse to the assistance of non-medical assistants.

If we except the field of the analysis of children, it would appear that at the present moment and in the near future there is, and will be, at any rate no urgent necessity for such assistance.

It is indisputable that a relatively large number of lay analysts understand analysis better and employ it more skilfully than very many medical analysts.

Nevertheless, having regard to the peculiar circumstances, this does not prove that in time to come lay persons should be allowed to practise analysis (either as a therapy or a training) without first acquiring a certain measure of medical knowledge and experience of sick people.

The patient's interest is not adequately safeguarded by the condition that the diagnosis must always be made and treatment prescribed by a physician, who must also control the analysis. Moreover, such control can be only indirect.

During any course of psycho-analytic treatment symptoms may arise which force the lay analyst to have recourse to the physician and, in order that this may be done ***in good time***, it is essential that the analyst should possess sufficient medical knowledge and experience. Again, it is only when this is the case that he can form a correct judgement with regard to the results of the treatment.

In future it will be required of analysts who are members of the medical profession that they should spend at least a year in acquiring clinical experience of neurology and psychiatry after concluding their medical curriculum. This shows that such medical experience and knowledge as may be gained by the study of psycho-analysis are (rightly) regarded as inadequate unless supplemented.

To acquire the medical knowledge and experience necessary for the practice of psycho-analysis, without undertaking the full medical curriculum, is just as possible as it is for those who are trained to assist

the medical profession in other branches of work ; and similar regulations can be laid down for the purpose.

At the same time, even if training of this sort is made a necessary condition of psycho-analytic practice, there is unavoidably the danger that, with the increase of lay analysis, the medical profession may come to regard psycho-analysis as only one of many psychotherapeutic methods and may fail to accord it its fitting place in medicine.

(Author's abstract of a paper read before the Dutch Psycho-Analytical Society.)

XXV

THE HUNGARIAN PSYCHO-ANALYTICAL SOCIETY

The question of ' lay analysis ' was considered at a general meeting, and conclusions were summed up as follows :—

Since, on the one hand, therapeutic analysis by non-medicals (i.e. ' lay analysis ') was shown *theoretically* in Freud's book to be not only justified but, in the interest of the progress of our science even desirable, and, on the other hand, in *practice* ' lay analysis ' in Hungary has not, so far as experience goes, up to the present resulted in any injury to patients, the raising of this question is in the opinion of the Hungarian Psycho-Analytical Society superfluous, since it is already settled.

There still remains, however, the practical problem how the admission of laymen to practice is to be effected by the intervention of the International Psycho-Analytical Association. With regard to this we are of opinion that psycho-analytical therapy is a special method of healing which cannot be included in university curricula under present conditions of medical training. The centre of gravity of medical studies lies in anatomy and physiology, that of psycho-analysis in psychological subjects ; a qualified physician is therefore scarcely better fitted for psycho-analysis than an educated layman. The unessential question appears to us to have displaced the essential. In order to answer this unessential one we cannot avoid dealing with the essential question, although it has not been proposed.

The kernel of this question is : how are analysts, whether medical or lay, to be trained ? Although we are well aware that on the one hand a physician must learn and relearn much and, on the other, the layman must acquire considerable knowledge of medical and physical science, we are nevertheless convinced that a *personal analysis must form the centre of the training*. This must also be the first step, and will decide the most important thing, i.e. selection on the basis of personal suitability.

Returning to the question under discussion, we think it is not impossible that the matter has come to a head not least through the circumstance that latterly non-analysed medical analysts have been confronted by a gradually growing number of laymen who have been trained by analysts of the first rank. We may therefore consider the arguments commonly adduced against 'lay analysis'—protection of patients, protection of the psycho-analytical movement, legal position, etc.—as expressions of inner resistances which, viewed analytically, would perhaps reveal motives concealed behind them, motives such as protection of medical monopoly, resistance against a personal analysis, narcissistic envy of those already analysed, etc. The Hungarian Psycho-Analytical Society, on the other hand, adopts the standpoint that the interest of patients as well as the progress of our science can be protected, not by medical diplomas, but only by well-chosen, thoroughly trained, and above all, *analysed* analysts. *In case such analysts, trained in our teaching institutions and practising under the ægis of the Association, are endangered in their work by legal decisions antecedent to psycho-analysis, they are in our opinion entitled to the support of the International Psycho-Analytical Association with its full moral and scientific prestige.*

If international agreement on these questions of principle is reached, the conditions of admission to psycho-analytic practice in the various countries should be left to the individual branch societies to decide in the light of the legal situation and prevailing legal usage in their country. The real problem, however, that of training, should be regulated, at least as regards its chief points, internationally, for the courses of training hitherto laid down and recommended have been intended exclusively for physicians (students of medicine). In this process of regulation it must be borne in mind that while the curriculum for physicians and that for laymen may be for the most part identical, nevertheless they must in many ways diverge.

To sum up:

1. Laymen should be admitted to therapeutic analysis as heretofore.

2. Training should be regulated by international agreement, and curricula differing to some extent for physicians and laymen should be drawn up.

3. The International Psycho-Analytical Association should come to the assistance of all analysts, whether medical or lay, who find themselves in positions of danger arising from the lack of comprehension of psycho-analysis.

XXVI

THE NEW YORK PSYCHO-ANALYTICAL SOCIETY

The New York Psycho-Analytical Society has adopted the following resolutions in regard to the practice of psycho-analysis :

1. The practice of psycho-analysis for therapeutic purposes shall be restricted to physicians (doctors of medicine), who are graduates of recognized medical schools, have had special training in psychiatry and psycho-analysis and who conform to the requirements of the medical practice acts to which they are subject. Such practice of psycho-analysis embraces the treatment of individuals suffering from nervous or mental disease presenting symptoms which interfere with the efficient performance of their normal daily routine.

2. The psycho-analytic instruction of specialists engaged in such fields as anthropology, criminology, theology, law, pedagogy, social service, and physicians in other medical specialities, etc., is approved, provided that such psycho-analytic training be used by such specialists only for the more adequate interpretation and the better understanding of problems confronting them in these fields, and not for the accomplishment of treatment described in paragraph 1.

3. As prerequisites of acceptance for psycho-analytic instruction, the minimal requirements for non-medical specialists described in paragraph 2 shall be :

(*a*) A Bachelor of Arts degree from a recognized university or college ; or its equivalent.

(*b*) Evidence of good character and general ability as follows :

(i.) Three letters, one of which shall come from the head of the department in which the applicant majored, and another of which shall come from a particular scientific group with which the applicant is associated.

(ii.) A detailed report of any practical work done.

(iii.) Indication of good faith including intention to abide by the restrictions mentioned in paragraph 1 set forth by the Educational Committee as approved by the Society.

Signed

T. H. Ames, M.D.
L. Blumgart, M.D.
A. Kardiner, M.D.
M. A. Meyer, M.D.
C. P. Oberndorf, M.D., President.
A. A. Brill, M.D., Ex. Off.

ABSTRACTS

Clinical

Estelle M. Cole. Circumcision and the Abreaction of Fear. *Journal of Neurology and Psychopathology*, Vol. VII, p. 237.

This communication points out that although among war neurotics fear abreactions were by no means infrequent, the following case met with in private practice presented an unusual emotional disturbance. A young medical man in the course of treatment decided to have his basal metabolism tested, thinking that some glandular extract might prove beneficial in certain of his symptoms. During these operations he was very nervous. The face mask played an important part, and the words ' it is all up with me now ' kept on recurring to him.

His next analysis took place about 36 hours after the investigations, and precipitated an intense abreaction of fear. Slight tremors increased till they shook the whole frame, the face and lips became blanched, the voice was one of piteous distress, and he was crying out for help, when under the guise of reassurance an attempt was made to take the pulse. It registered 52. This advance made him more confident. The colour began to return, and his hysterical weeping gave place to the long-drawn sobs of a child and gradually ceased. The abreaction lasted 2½ minutes. The patient then recounted that at six years of age he had been circumcised. He was carried down and placed on a table at an early hour of the morning and his face was covered by the anæsthetic mask. He felt scared. The last words he remembered thinking were ' it is all up with me now '. Having recalled his circumcision experiences, the patient left, smiling his thanks for the help he had received.

Author's Abstract.

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F. H. G. van Loon. Amok and Lattah. *Journal of Abnormal and Social Psychology*, 1927, Vol. XXI, p. 434.

Dr. van Loon, the ' Psychiater and Neurologist of the S.T.O.V.I.A., Batavia ', has had the opportunity of studying cases of Amok and Lattah at close quarters in the temporary lunatic asylum in Batavia, and he gives us a clearer insight into these conditions than has hitherto been presented.

Amok is usually regarded as ' a sudden attack of mad rage of the Malay man ' in which he ' blindly attacks everybody he comes across, very often injuring and killing a good many people before he is " laid low," as the saying goes ' ; but van Loon finds that ' the cause of the aggressive attack is not temper or rage, but an agony of fear, the patient in his hallucination imagining himself to be attacked by a tiger, a snake or a human enemy '.

The reaction is frequently flight, and aggression only occurs when the patient meets obstacles, animate or inanimate.

Amok occurs as a symptom of acute confusion, which accounts for 50 per cent. of the cases admitted to the asylum, and is caused in 75 per cent. by malaria and syphilis. Nearly one-quarter of the cases are due to syphilis.

The reason why weapons play an important rôle is merely that the knife is the Malay's normal defence against plunder, etc.

Kraepelin classified Amok as an epileptic dream state, but van Loon tells us that not a single Malay epileptic out of a fairly large number ever ' ran Amok '.

Lattah, on the other hand, is a disease almost exclusively of women (98 per cent.) usually of middle age. Nearly all the patients are of the servant class, trained to obedience, and in Lattah, which is initiated by fright or other strong emotion, the patient screams, does everything she is told to do, however absurd or obnoxious, and is echopraxic and echolalic (pathologically imitative). Such symptoms can always be prolonged or induced by frightening the patient and alleviated by soothing her.

The initial fright is usually a highly sexual dream, such as numerous erect wriggling penes trying to attack the sleeper—or they have to be fried and eaten, and so forth.

Thus Lattah is a ' primitive affect reaction ', and van Loon remarks that the reason why the Malays are subject to these curious maladies is that their Oriental psyche is normally more ' infantile-primitive ', imitative and suggestible than that of Western races.

It is to be noticed that Lattah patients rarely present hysterical phenomena ; therefore the malady is not a variety of hysteria, as was suggested by Kraepelin, Jelgersma and others.

W. H. B. Stoddart.

BOOK REVIEWS

Freudian Essays on Religion and Science. By Cavendish Moxon. (Richard G. Badger. Pp. 133.)

This book is a collection of eleven essays, ten of which have appeared separately before. The most interesting of the analytically more orthodox papers is 'The Development of Libido in Friedrich Nietzsche,' but the chapter headed 'Freud's Death Instinct and Rank's Libido Theory' is probably the most important.

Mr. Moxon, who is an exponent of Rank's later theories, believes that Freud's attempt to explain the destructive impulse and the compulsion to repeat 'without the aid of his libido theory,' i.e. by postulating a death impulse, is due to an unconscious attempt to ignore the tendency to regress to the inter-uterine condition—the tendency which is, according to Rank, most deeply repressed. Other analysts sometimes suppose that Rank's theory of the importance of inter-uterine regression is due to an unconscious attempt to underestimate a later incestuous impulse. The innovation of Rank lies less in that he posits a tendency to inter-uterine regression than in that he regards failure to abreact the trauma of birth as the necessary and sufficient condition to subsequent neurosis. Freud's death impulse and love impulse and Rank's impulse to regress to a pre-natal state all ultimately meet in the impulse to return to states which were states of equilibrium before changes in the environment made previous adaptations less appropriate. This tendency Freud seems to have been the first analyst to recognize. It is not with Rank's theory of ultimate impulses that he disagrees, but with the belief that neuroses can be cured by forcing the neurotic to repeat and abreact the shock of birth. Freud's 'Wiederholungszwang' or 'Todestrieb' is really more general than Rank's conception, which it includes, and I do not think that Freud need disagree with Mr. Moxon when the latter supposes that the Todestrieb is the impulse to annihilate the cause of change and to return to the undisturbed condition.

R. Money-Kyrle.

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Gynäkologische Psychotherapie. By W. Liepmann. (Urban & Schwarzenberg, 1925.)

A book in which the writer would like to do justice to psycho-analysis. The chapter on the progress of psycho-therapeutic methods in gynæcology, which in a book of 205 pages is dealt with in fifteen pages, includes a short verbatim extract from Freud's article in the *Handwörterbuch der Sexualwissenschaft* on the place of psycho-analysis in medical practice. The author draws attention to the importance of psycho-analysis, and advises his readers

to have themselves analysed if they are intending to take up gynæcological psycho-therapy as genuine analysts. He believes, however, since he adheres to Kronfeld, that the fundamental ideas of the psycho-analytical doctrine can be utilized by ' undogmatic ' physicians, i.e. by gynæcologists. Among these he understands a method of treatment which takes the form of an analysis and which he establishes on the patient's ' affective tie ' to the physician. ' If this affective tie does not occur, then the analytical result proves ineffectual, and the effect of numberless sittings continued for years is at once void.' Apart from such misunderstandings, the attitude of the author to psycho-analysis is, in other respects, by far the most progressive to be found in any clinical treatise. This is notably the case in the chapter on the origin of gynæcological diseases like fluor, vaginismus, frigidity, menstrual disturbances, where he emphasizes the importance of the mind in organic and functional diseases. In the rest of the book, in his references, e.g. to the phylogenetic development of the mind, the instinctual development in women, and the mental results of the influences of their environment, the author draws mainly from the views of Adler, Kretschmer and Kronfeld.

Felix Deutsch.

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Die Strategie der männlichen Annäherung. By Dr. Heinrich Wolf. (Ilos Verlag, Wien-Leipzig, 1926. Pp. 321.)

The alluring title of this book, ' The Strategy of the Masculine Approach ', will no doubt catch the eye and stimulate the hopes of many awkward or unsuccessful lovers who may see it on display at the book counters, but the avowed purpose of the author is the treatment of his topic ' systematicly and scientificly '—' something which has not been attempted before '. However, the authorities to whom he refers are principally Ovid (Ars Amandi), Stendal, Bourget and other novelists in preference to the scientific investigators in the problems of sex, with whose work the author is apparently unacquainted. As a result the book is merely a collection of obvious facts, and personal or hearsay opinions which are recorded in an easy, gossiping, readable style, ending in the conclusion that with the altering economic status of woman, the method of masculine approach is likely to change.

The foreword by Dr. Alfred Adler is cautiously evasive.

C. P. Oberndorf.

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Mind and Personality. An Essay in Psychology and Philosophy. By William Brown, M.D., D.Sc. (University of London Press. Pp. 344. Price 12*s.* 6*d.*)

In the words of the preface, this book represents ' an attempt to obtain a synoptic view of personality, as considered from the standpoint of the

various sciences—especially from those of psychology, psycho-pathology and philosophy '. It covers a wide field, as the titles of the various sections clearly indicate (Personality and Physiology, Personality and Psychology, Personality and Experimental Psychology, Personality and Child Psychology, Personality and Psycho-Pathology, Personality and Ethics, Personality and Evolution, Personality and Religion, Personality and Value, Survival of Bodily Death) ; and throughout this field it gives evidence of its author's erudition, breadth of interest, sympathetic understanding and literary ability. But while the amplitude of vision leaves little to be desired, the interrelations of the different parts of the spectacle that is unfolded lack a corresponding clearness. The reader is often transferred with somewhat uncomfortable abruptness from one field or one point of view to another, and receives less help in making these transitions than he might perhaps reasonably expect. Thus at one moment he is grappling with the mysteries of correlation formulæ and their application to the problems of general and specific abilities in mathematics, at another with questions of hypnosis and dissociation, then with the psychology of Plato and Aristotle, and again a few pages later with the relation of music to morals ; and as each successive field is entered, he will find it difficult to see exactly how the present discussion bears upon what went before. It is only fair to admit that these difficulties are not entirely of the author's making. In the present state of psychology the different methods of approach and the data obtained through these methods *are* in fact still very inadequately related to one another. But this is only an additional reason for avoiding all unnecessary abruptness in passing from one field to another and for a careful treatment of the process of transition, especially in a work that aims at a ' synoptic view '. To a certain extent the defects of the book are probably due to the conditions under which it was compiled. To judge from information supplied in the preface, at least nine out of the twenty-four chapters originally appeared elsewhere, some of them taking the form of contributions made to special discussions or intended for special occasions. ' All this material ', we are told, ' has been subjected to a thorough revision with reference to the central theme ', but even so it cannot be said that all of these originally independent productions (admirable perhaps for their original purpose) fit very happily into one general scheme.

As indicated in the sub-title, a considerable portion of the book (especially the latter part) is metaphysical rather than psychological. This JOURNAL is not the place in which to discuss Dr. Brown's metaphysics ; it may be said however that (as he is himself aware) he allows his metaphysics to encroach on his psychology to a greater extent than most psychologists would be prepared to do. Thus he is rather insistent upon the limits of psychological investigation. Psychology deals with the mind, the experiencing ego, and cannot touch the soul or transcendental ego

(p. 297), a position which seems to have more important practical consequences than might at first appear, for talent is, it seems, characteristic of the empirical ego, while genius (which, we are told, is—unlike talent—not inherited) is characteristic of the transcendental ego. Does this mean that a psychological investigation of genius is impossible in a sense in which it is possible in the case of talent? Again, it is shown that 'value experiences are only indirectly the subject-matter of psychology and yet are the most important parts of our mental life' (p. 309).

Perhaps it is due to the same concern for the inviolability of the transcendental ego that Dr. Brown insists again and again throughout the book upon the danger of drawing inferences from the abnormal to the normal, an attitude which constitutes the chief ground for his scepticism as regards a good deal of psycho-analytic theory, a scepticism that co-exists with a very frank acknowledgement of the impetus that psycho-analysis has given to psychology and a frequent reference to the advantages of 'deep analysis' both for psychological and therapeutic purposes. For Dr. Brown personality is, above all things, connected with 'the unity of the mind', and for him psycho-analysis helps towards this unity by enabling the patient to drop false personalities or 'masks' and develop his real personality in terms of a main tendency or 'life-line'. Psycho-analysis, according to his view, is not inimical to metaphysics or religion except in so far as religion may be encumbered by definitely pathological excrescences. Indeed, his personal experience of analysis has left him 'more and more convinced than ever that religion is the most important thing in life and that it is essential to mental health'. Religion should, moreover, he thinks, play an important part even at the early stages of mental life, for he tells us that 'we cannot too early inculcate into the young child the conviction of the existence of God as a loving Father, a Spirit of the Universe, with which we are all in contact, and from which we only separate ourselves through our own misdeeds or misuse of freedom or through failure of our race or ancestors. The ideal is to retain a feeling of communion with the Spirit of the Universe throughout life' (p. 134). This idea of communion gives the key to the principal metaphysical conceptions developed in the later part of the book. This conception has also very direct bearings upon the author's educational aims as regards the formation of character, for 'the highest and most perfect form of character' is, he holds, revealed in 'the truly religious life, the life of communion with God' (p. 142).

On the purely psychological side Dr. Brown develops certain novel conceptions and employs certain well-known terms in ways that differ somewhat from common usage. Thus he tends to regard character and will as identical. 'They are the same looked at from different points of view. Character is an organization of impulsive tendencies. Will is that organization in action' (p. 137); 'we mean by the will the totality of the

mind in its organization and in its task of facing reality with a united or relatively united front ' (p. 135). Conflict between the *Ego* and the *Id* does not therefore for Dr. Brown lead to a typical mobilization of the will on behalf of the Ego, nor does he agree with Coué's ' law of reversed effort '. The cases in which this law appears to operate are instances of incomplete volition, ' wish ' rather than ' will '. Will itself can only take place when the conflict has been solved. For Dr. Brown therefore the operation of ' will ' appears to postulate a higher degree of psychic integration than that implied in most current usage of the word. Again, Dr. Brown does not agree with those psychologists (including McDougall and the psycho-analysts) who hold that ' intellect as such merely fixes the end to be aimed at, without itself supplying any energy for achieving that end '. On the contrary, he holds that ' intellect does furnish a certain amount of energy ', though the instance which he gives of ' the self-denying way in which scientists will put everything second to the pursuit of truth ' is in itself, and without further explanation, not very convincing. On the negative side, it seems a pity that Dr. Brown does not see his way to a more thorough-going discussion of Freud's concept of the Super-Ego, and of the distinction between the Ego and the Id—matters which would seem to have a most important bearing on any full discussion of ' the unity of the mind '. The same consideration applies to Spearman's theory of ' g ', and Webb's theory of ' w ', both of which would appear to fit in well with Dr. Brown's general theoretical position, and a detailed discussion of which might well have been included in the section dealing with Experimental Psychology.

Two important points in which Dr. Brown differs from the psycho-analysts are to be found (1) in his rejection of psychical determinism, a fact which has the important practical consequence of making him less willing to search for unconscious determinants of behaviour or to believe in the efficacy of such determinants as psycho-analysts themselves have pointed out; (2) in his rejection of the libido theory. In dealing with instinctive tendencies, Dr. Brown tends to follow on the whole McDougall's classification of instincts, though without fully accepting the latter's view of the relation of instinct to emotion.

A pleasant feature of the book is the open-minded and tolerant spirit in which it is written; only in the chapters on Child Psychology does the author seem to relinquish his customary caution in favour of a more dogmatic and *ex-cathedra* method of exposition.

The book contains practically no references, but is provided with a bibliography of works covering a wide field and with a very full index.

J. C. F.

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Personality. By R. G. Gordon, M.D., B.Sc., M.R.C.P. (Ed.). (Kegan Paul, Trench, Trubner & Co., Ltd., London. Pp. 302. Price 10*s*. 6*d*. net.)

Paley's argument from design was a very good argument and has been ridiculed by people who, like myself, have never waded through the *Evidences of the Existence and Attributes of the Deity Collected from the Appearances of Nature*.

In accordance with changes in fashion and nomenclature, these theological arguments are now called scientific laws and Paley's Evidences the principle of emergence which postulates 'that the laws which direct man's progress are directed to a higher and nobler end, to harmony from chaos'. There is little or no scientific evidence, of course, to be adduced for this conception, which does not beg the question at issue, but it is based upon certain metaphysical data which, as briefly discussed in Dr. Gordon's book, have nothing like the majesty of the scholastic teaching that there were two sources of knowledge—revelation and science—apprehended by different faculties, approached by different methods, available for different purposes, yet both in their final understanding resting upon the absolute—a single truth—God.

It would be, however, unfair to quarrel with the philosophical basis, obviously only a sketch of the programme, and one which perhaps does not much concern this JOURNAL.

The real weakness of Dr. Gordon's interesting volume is that having allured us by his title, having given evidence of his erudition in chapters on every factor of personality—physical, biological, psychological, with references to disposition, temperament, character, analyses and criticisms of Freud, Jung, Adler, Kempf, with chapters on the neurotic, the delinquent, the dissociated and the retarded and on the spiritual aspect of personality, he has found no room for a chapter or two on personality itself, for a synthesis of the various components sufficiently illustrated in the chapters, on the integration of the various factors, a knowledge of which he rightly conceives as useful for an understanding of the whole: since from the standpoint of the book personality is an emergence and must be studied as such; it is not to be understood by an examination, however exhaustive, of its components. Dr. Gordon finds his line of thought in sympathy with Jung, because he cannot accept the view that man's aim was merely 'the achievement of sexual desire, or even of love'. Freud, and the Freudians (a term which Dr. Gordon uses rather in mockery of those who, like the reviewer, are adherents to the psycho-analytical school) have written little or nothing on man's aim; perhaps the most that can be found on this subject in psycho-analytic literature is in Freud's *Beyond the Pleasure Principle*, where 'we can only say "the goal of all life is death"' (and that of all death life, since, as Freud proceeds to observe, the inanimate was there before the animate): a goal which Dr. Gordon

would, of course, repudiate as vehemently as St. Augustine; the one because it ignores an emergent deity, the other because it is another of those circular errors common to pagan philosophers like Plato. However, Freud was not speculating metaphysically but metapsychologically. It is odd to find Dr. Gordon accepting the oneness of mind and body whilst cavilling at the transmutation of the physico-sexual impulses into their psychical manifestations of love, tenderness, affection and the like; it would seem that despite the postulated intimate relationship of body and mind, sacred and profane love must have for him entirely distinct origins. Like many another author, Dr. Gordon has written an interesting book that has not much to do with the title: we learn his views on all kinds of questions except that of personality itself.

M. D. Eder.

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The Memory Factor in Biology. By C. J. Patten, M.A., M.D., Sc.D. (Baillière, Tindall & Cox, London, 1926. Pp. xiv + 175. Price 5*s*.)

The author of this little book, who is Professor of Anatomy in Sheffield University, is 'an ardent and zealous advocate of the doctrine of somatic inheritance' (p. 43). He regards 'somatic inheritance' (transmission of acquired characters) as the prime factor in evolution, and seeks to show, as others have done before him, that 'organic memory' is what he calls the *vis a tergo* of evolutionary change.

The book contains no marshalled evidence, no sustained argument. The author is extremely discursive, occupying most of his space in stating his own beliefs and describing various biological phenomena in terms of them, supporting himself by quotations from Hering, Semon, Samuel Butler, Sir Francis Darwin, and others. The last chapter begins: 'The evidences that memory is the mainspring, the *vis a tergo* of Evolution, are convincing'. It may be so, but unfortunately the author quite fails to make the point clear to his readers. Incidentally the book contains many sound, if somewhat platitudinous, precepts, especially in the chapter on Education.

A. G. Tansley.

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The Psycho-Pathology of Tuberculosis. By D. G. Macleod Munro, M.D., C.M., M.R.C.P. (Ed.). (Oxford University Press, London. Pp. 92. Price 5*s*.)

This little book by Dr. Munro simply recounts the various psychopathological symptoms met with in the various stages of tuberculosis. Very little is suggested to account for these symptoms in relation to the disease, and what explanations are forthcoming seem to be based on physiological processes. The question of the relationship between psychological functioning and organic disease is hardly touched upon.

As regards the treatment of these cases, no new ideas are advanced. The author does suggest that in the case of a phobia co-existing with tuberculosis an analysis may have to be considered; but he thinks that the strain involved on the patient by such a procedure would be contra-indicated in a number of patients. This of course is possible with certain types of analysis in vogue; but it would not be the case if psycho-analysis were considered advisable.

D. B.

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Mental Abnormality and Deficiency: An Introduction to the Study of Problems of Mental Health. By Professor Sidney L. Pressey, Ph.D., and Luella C. Pressey, Ph.D. (Pp. 308. 1926. Price 10*s.* 6*d.* net.)

Written to be of practical assistance to social and welfare workers, court missionaries, educationists and all who most often have to deal with cases of childish delinquency caused by morbid maladjustments, this book will probably be of the greatest service to those for whom it is intended. It is equipped with an admirable bibliography and most ample footnotes containing references to other works which corroborate the authors' statements.

M. Chadwick.

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Note Sopre la Originalita del Pensiero. By Leone Vivante. (P. Maglione & C., Strini, Roma. Pp. 295. Price 16 lire.)

An interesting series of essays, of which the first—originality of thought and its physiological conditions—has already been translated. In the second essay on the concept of internal necessity, Vivante draws an interesting contrast between poetic expression and dreams as interpreted by Freud. He points to the poverty of thought in dream images, the absence of constructive thought: poetic truth is the real truth; it apprehends, he says, following Wordsworth, the infinite in the passional moment; the significance of art is to give to a moment community with the absolute and the eternal. Unlike the dream, art seeks a unity in concept and in expression; art is not to be interpreted through the dream. Dream symbolism, in the psycho-analytic sense, is something other than the symbolism of art: although poetry may also make use of the form of symbolism that is found in dreams. Poems composed in sleep, e.g. Coleridge's *Kubla Khan*, or under the influence of narcotics, may approach the dream imagery and expression. A critical examination of the unconscious follows, which, however, raises nothing unfamiliar. The final essay is an examination of the relationship between poetic and constructive thought: poetic thought is not unconscious, though its images may arise involuntarily. The essays require careful reading, for the writer often seems to use current philosophical and psychological terms with a peculiarly individual connotation—a usage

to which he is, of course, perfectly entitled, but which increases the difficulty in following his train of thought.

M. D. Eder.

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The Psychology of the Thinker. By I. B. Saxby, D.Sc., Lecturer in Education, University College, Cardiff. (University of London Press, 1926. Pp. viii + 355. Price 7*s.* 6*d.*)

Dr. Saxby has here made an attempt—in many ways a very interesting and instructive attempt—to fuse certain aspects of the work of Semon, Koffka and Freud into a consistent account of the nature and function of thought. In view of the still existing lack of general agreement in psychology as regards even the most fundamental questions of standpoint, principles and method, attempts of this kind—provided they are carried out with insight and discrimination—are almost bound to be of value, and it is interesting to note that in Europe such attempts appear to be more numerous in Great Britain than on the Continent, where for the most part different schools of thought are tending to pursue their work in severe (and sometimes hostile) isolation.

The four fundamental concepts in the present book are engram, ecphory, configuration and complex. The first two of these are used pretty much in Semon's original wide and useful sense. Configuration is defined as ' a group of engram-sets which have become associated together in such a way that ecphory spreads rapidly from point to point, with the result that the group is able to function more or less completely as a unitary whole '. Thinking is ' ecphory within a configuration ', while a complex is ' a configuration of engram sets which contain impulses within its system '. This last term seems to mean the same thing as Shand's and McDougall's ' sentiment '. Dr. Saxby however deprecates the use of this latter word as emphasizing the emotional element, whereas she herself sees ' the vital part of the complex in its effect on action '. With these concepts as foundations, Dr. Saxby gives a lucid and stimulating account of the nature of the thought processes, keeping in mind throughout their relation to the affective and conative aspects of the mind. In this respect the book differs markedly from so many text-books of psychology in which cognition was treated in almost complete abstraction from these other aspects and in which but little stress was laid upon the biological function of thought, a change in which the influence of psycho-analysis has clearly played a large part. Among items of particular interest in Dr. Saxby's treatment may be mentioned the utilisation of Freud's distinction between the pleasure principle and the reality principle (as manifested in what is there called ' phantasy thinking ' and ' adaptive thinking '), the emphasis laid on the liability to disturbances of thought by affect, the conception of thought as involving an inhibition of impulsions, and the suggestions as

to the nature of the distinction between such inhibition and the inhibition that gives rise to emotion. On all these matters Dr. Saxby has much to say that is of considerable suggestive value, and her book deserves to be carefully studied by all those who subsequently approach these difficult problems. Especially useful also are the examples of the processes of thought that are taken from the history of science ; the inclusion of these examples should add considerably to the general interest and appeal of the book.

The deficiencies of the book lie principally in omissions rather than in errors or defects of treatment. In a volume of this scope it is perhaps inevitable that a number of difficult and controversial matters should be passed over somewhat too lightly or dogmatically. There are however one or two points on which the treatment is rather glaringly inadequate. Two of these that will most forcibly strike the psycho-analyst concern (1) The nature and rôle of consciousness. Dr. Saxby, it is true, distinguishes conscious and unconscious complexes, conscious and unconscious thinking, but she never explicitly tackles the question as to how consciousness is conditioned and in what respect conscious mental processes differ from unconscious mental processes. Such vast and important themes as ' the narrowness of consciousness ', the nature of repression, the peculiar characteristics of the unconscious (as outlined by Freud in his paper on ' The Unconscious,' *Collected Papers,* Vol. IV) remain therefore almost untouched. (2) The nature and function of displacement. Any comprehensive incorporation of psycho-analytic findings into a complete psychology of thinking will surely have to deal at considerable length with the apparently very fundamental principle of the vicarious usage of conative energy and its manifestations in symbolism and sublimation, but in the present volume this field also is as good as totally neglected.

Within the field of cognition itself it is astonishing to find so little reference to the much-disputed problem of the nature of intelligence (though there is a definition of this term on p. 169), and to the attempted solution of this problem by the mathematical treatment of the results of ' intelligence tests ', together with the resultant doctrines of ' general ', ' specific ' and ' group ' factors. Even if it is replied that these problems concern questions of structure rather than of function, and that the present book is concerned with function, it is still much to be regretted that Dr. Saxby has not been able to deal (either by way of utilization, incorporation, or criticism) with the most ambitious attempt at formulation of the principles of cognition that has been made of recent years—that of Professor Spearman. Professor Spearman's book on *The Nature of Intelligence* is indeed referred to by Dr. Saxby, but only as regards matters of detail. Professor Spearman's ' principles ' claim to cover the whole field of cognition, and therefore surely demand consideration in any treatment of the

psychology of the thinker. They are however avowedly confined to cognition, and it is much to be regretted that Dr. Saxby has not made use of the opportunity, which her book afforded, of considering the value of these ' principles ' from her own wider and more biological point of view.

In spite however of these somewhat important limitations, the book may be regarded as constituting (so far as it goes) an interesting and stimulating attempt to bring together the results of certain different schools, so as to form a consistent treatment of the processes of human thought.

J. C. F.

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Racial Origins of English Character. By R. N. Bradley. (George Allen & Unwin. 1926. Pp. 185. Price 6*s.* net.)

From chapter to chapter we are led to believe that ultimately we shall be given, not only a full account of the Racial Origins of the English character, but also an explanation of the psychology of the English race. This promise, however, is not actually kept. We certainly find the word *psychology* sprinkled about here and there, sweeping statements are made, often of a truly remarkable character, but which are unaccompanied by any explanatory psychological data. This happens repeatedly; a comprehensive generalization is made, but without authority being given for so doing. Occasionally we should like to be shown the steps by which the author has arrived at his conclusions, otherwise one is apt to suspect that in his statements may be found merely the formulation of personal prejudices.

The psychology of the Englishman of a certain type declares itself indirectly, and incidentally shows the preference of the author, which becomes more apparent from a careful analysis of the informal evidence of which the book is full, as well as that of personal anecdote. All sources of information, direct and indirect, scientific data and casual remarks, are given equal weight with proven facts, and are used to account for many of the foundations of the book. There is no doubt on the part of the author that the world-races have all contributed their best for the production of the Nordic race, in his eyes, the ideal Englishmen. We find pæans of adulation in this strain, and here only do we lose sight of the constant undercurrent of minor contradictions that are so irritating elsewhere.

As an instance of a statement requiring some explanation, we will quote the following passage: p. 62, ' But the Nordic is not like this. He has no Œdipus Complex and, as to Fate, the Nordic English boy has been compared to Aladdin, the favourite of fortune, especially if he passes through Eton and Balliol '.

It would be particularly interesting to know what the author means to imply by this statement. Did Aladdin also have no Œdipus Complex ? We seem to remember an important mother figuring in the story, and if

the Nordic youth is so ill-equipped with brains, as we are frequently told in other parts of the book, it would appear doubtful whether his sojourn at Balliol would be a particularly congenial one, as a sequel to Eton. For we read that Nordics ' despise learning ', and on p. 89, ' many of our youths not only seem to know nothing, but do not know that there is anything to be known '.

In Chapter V is to be found one of the most contradictory statements in the book. The Mediterranean type is being described as an opposing type to the Nordic in England. It is stated that the short, dark Mediterranean is essentially a town-dweller and forms the bulk of the population of our large cities . . . ' owing to his somewhat thriftless and independable character he is found among the lower and submerged classes from which he tends to drift into the Navy '. Does it seem probable from the psychological point of view that the town-dweller should tend to become a sailor, spending the greater part of his life away from towns ? Again, if he is found among the lower and submerged classes, it is not clear why we find in the next paragraph the information, ' The Mediterranean is naturalistic and a vehicle of the unconscious, possibly of a general and ultimate unconscious and less dominated by the conscious censor, he is capable of genius '. Are then our men of genius usually drawn from the lower and submerged classes that to-day form the bulk of the population of our large cities ?

In Chapter X, *Literature and Art*, however, we are rewarded by a few paragraphs showing at last some psychological understanding, and possessing merit, as well as an appreciation of the true state of affairs, but again no authority for the opinion is to be had. ' As the dream expresses the unconscious wishes and fears of the individual, so literature with the other arts betrays the unconscious spirit of a people. Literature reveals their hopes and fears. . . . The more a people is dominated by its conscious, the less will it express itself in literature although by a strange exception it may do so in music '. It would be well to know upon what grounds the author makes this statement.

One of the most interesting parts of the book is the Appendix, which shows the derivation of many words which have hitherto been regarded as of doubtful origin. These the author traces by means of ancient and modern sources to the Arabic.

M. Chadwick.

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The Escape from the Primitive. By Horace Carncross, M.D.. (Charles Scribner's Sons, London, 1926. Pp. xiv + 348. Price 10*s.* 6*d.* net.)

This is a lay sermon on the text of psycho-analytic theories : an attempt to transform practical ethics in the light of advances in psychological knowledge. It is a solemn and solid book, fairly well based in broad biological

studies, and moderately well informed about psycho-analytic theory. The author tends, however, to take this latter too dramatically, and is vague in detail. For example, he seems puzzled by the relations between fighting and the sexual impulse, and does not seem to recognize the actual sadistic element in the sexual impulse itself. In spite of a few first-hand observations, his knowledge of so-called primitive peoples appears to have been gained from the French school of psychologists rather than from field workers. He accepts, for instance, the theory of ' collective representations ', and talks of ' primitive man ' in the large in a way that is at once too dramatic and too theoretic. He naïvely accepts the theory of original sexual promiscuity, and has the hardihood to speak of ' the occurrence of exogamy in two such widely separated peoples of Aryan stock as the Albanians and the Hindoos, *where a borrowing of custom would have been impossible* ' (reviewer's italics). There is a good deal of repetition, and the writing is heavy and devoid of distinction, which is a pity, since its general movement of thought is not without value.

Susan Isaacs.

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Health and Psychology of the Child. Edited by Elizabeth Sloan Chesser, M.D. (Heinemann, London. Pp. 302. Price 7*s.* 6*d.* net.)

Eighteen writers have contributed to a little book which touches on the physical, mental, and religious aspects of the child, upon infancy, upon music and education, upon sunlight. Many, if not most, of the observations are quite sensible and contain remarks which may be perhaps helpful to occasional mothers. The more useful chapters are those by Dr. Pritchard on the psychology of the infant, by Dr. Hadfield on the development of self-consciousness in the child, and by Mr. Cyril Flower on psychological factors in the religious development of the child. Some of the chapters are quite worthless, but these the reader can discover for himself.

M. D. Eder.

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Understanding Our Children. By Frederick Pierce. E. P. Dutton & Co., New York, 1926. Pp. x + 198. Price $2.00.)

One of the flood of books dealing with the psycho-analytic approach to the conduct disorders of childhood that has been poured out of American presses since the subject of child guidance has attained its present vogue. Text-books of this class possess all too frequently not enough of the scientific self-criticism exemplified by Jones's *Some Problems of Adolescence*, and the calm conservatism shown in Freud's *Geleitwort* to Aichhorn's *Verwahrloste Jugend*. Mr. Pierce's work is, in our opinion, an average specimen of its class. It has apparently been written for the benefit of perplexed educators and puzzled parents. We beg to submit to readers of a technical

Journal of this type a few quotations and references that we feel are fairly representative of Mr. Pierce's thesis.

In his Foreword the author says: ' The unconscious activities of the mind are principally emotional, and it has been my experience in lecturing upon this subject that the average men and women have no difficulty at all in grasping the essentials and bringing them into active use in family life ' (p. viii). O fortunate man, so easily to impart a mastery of the complex problems of familial psychology!

In Section I we listen to a supposititious psychologist (perhaps the author himself) conducting his consultation practice. Among other opinions, this psychologist expresses (p. 3) the following: ' The psychologist's experience told him that it would probably take from fifty to seventy hours of the man's time, and his, before that mind would be adequately analysed and made safe against compulsions and obsessive fears . . .' The mind referred to is that of an apparently middle-aged lawyer suffering from a severe neurosis. Now, it is true that more recently short-term analysis has become *dernier cri* locally; but the time limit suggested in this case constitutes, it seems to us, an especially rapid-fire therapy.

On p. 4, the psychologist, in talking of one of his patients, speaks of ' the common " neurasthenics " *who trump up troubles when none exist* ' (reviewer's italics). Thus psychological determinism goes by the board.

On p. 7 we read that ' . . . children *invariably* (reviewer's italics), know with uncanny accuracy exactly what the parents are feeling '. Is it possible that the psychologist had never met among his clients an instance of childhood misinterpretation of the emotional reaction of the parent? What about, for example, the so-called sadistic conception of coitus? Here the parents may be enjoying the connubial act, but the child who happens to see or overhear the act not infrequently interprets the scene as one of rage and violence. We refer Mr. Pierce to Freud's *Über infantile Sexualtheorien*.

We also read, on p. 101, that ' *a well-adjusted neurotic child* (reviewer's italics) may grow to be of far greater service to the community than his less sensitive, less introspective brother '.

In discussing discipline and sex education, Mr. Pierce is quite vague (pp. 120–124). He says, ' so far as I have been able to find out, there are no harmful effects from any form of punishment unless a severe shock is given to the mind or body. Certainly, if corporal punishment is used it should be mild in form and never carried to the point of producing more than momentary pain '. The puzzled parent, however, might well ask how one proceeds to keep corporal punishment precisely within the limits prescribed by Mr. Pierce.

A few pages further on we are told, ' If the child asks the point-blank question of where babies come from, I believe there is wisdom in not

answering the question completely at once, but in giving the assurances that I have just spoken of, and then starting the active process of preparatory study'. The assurances to which the author refers are to the effect that, if the child is content to begin with the study of flowers, seeds and bees, 'complete knowledge shall be supplied, bit by bit, as fast as each lesson of the plants is learned'. But, again, the perplexed educator who has to face practical issues might well inquire as to just how much of a botanist, zoologist, and comparative embryologist little Johnny, let us say, aged four, must become before mother should tell him where tiny sister Mary came from.

Such characteristics as are typified in the above quotations will, we believe, operate against Mr. Pierce's book being of much practical help to the groups of individuals to whom it is addressed.

M. A. Meyer.

BULLETIN OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

EDITED BY THE

GENERAL SECRETARY, DR. M. EITINGON

I

COMMUNICATION FROM THE CENTRAL EXECUTIVE

Formation of a French Group

A Psycho-Analytical Society has been formed in Paris under the Presidency of Dr. R. Laforgue. The list of members contains, among others, several names which will be well known to our colleagues, viz., Fr. E. Sokolnicka, Dr. R. Loewenstein, Marie Bonaparte, Princesse de Grèce, Dr. Hesnard, Dr. Pichon, Dr. Allendy, Dr. Borel, Dr. C. Carchéminer. The newly-formed group has signified its intention of joining the International Psycho-Analytical Association. Its admission must be ratified by the next Congress.

THE 1927 CONGRESS

In accordance with the resolution of the last Congress, the next, the tenth, will take place at Innsbruck (Austria), on September 1–3, 1927 (Thursday to Saturday). The wish expressed by vote taken in Homburg, 1925, that Congress should meet in some place on the Adriatic has proved to be impracticable, since most places there are too difficult of access for most members. On Wednesday, August 31st, the day before the Congress opens, the officials of the various branches of the Association and of the Psycho-Analytical Institutes will hold their usual preparatory business meeting in the morning. In the afternoon the International Training Committee is to meet.

Those who intend to read papers at the Congress are requested to give notice of them to Dr. Eitingon, not later than June 1st, and at the same time to send a short extract from their papers. These extracts will be printed, so as to serve as ' Leading Themes for the consideration of the Congress ' and will be sent in good time to all who will take part in it.

Addendum to Report of the Homburg Congress

The ' Report of the Ninth International Psycho-Analytical Congress ', which appears on pp. 119–144 of Vol. VII. (1926) of this JOURNAL, contains in the minutes of the business meeting the following (p. 142) :

' Dr. v. Ophuijsen proposed that the article concerned with ' *Beirat* ' be struck out of the Statutes of the Association, and that instead a treasurer and two assessors should be co-opted to the General Executive. The President, Secretary and Treasurer should reside in the same place. *He*

desired to leave for consideration by the new Committee a number of further proposals for alterations in the Statutes. His resolution was adopted.

The Council of the Dutch Psycho-Analytical Society attaches great importance to the addition to the sentence ' He desired to leave for consideration by the new Committee a number of further proposals for alterations in the Statutes ' of the following more detailed statement: ' Dr. v. Ophuijsen had given the text of one of his proposals for a change of Statute. The proposal runs : ' Having regard to the fact that the Branch Societies are the units of which the International Psycho-Analytical Association consists, the passing of resolutions shall in future be by the vote of Branch Societies, and not by that of individual members, and every Branch shall have the same voting strength (two) '.

The Chairman, Dr. Abraham, supported this proposition by pointing out that the present method of voting occasions some injustice.

The General Meeting resolved that this motion for a change of Statute, together with the others brought forward by Dr. v. Ophuijsen and not read *in extenso,* be discussed and decided by the next General Meeting after thorough preparation by the new Committee.

M. Eitingon.

BRITISH PSYCHO-ANALYTICAL SOCIETY

Fourth Quarter, 1926

October 6, 1926. Annual Meeting of Members. The following officers were elected for the ensuing year :

President : Dr. Ernest Jones.

Hon. Treasurer : Dr. W. H. B. Stoddart.

Hon. Secretary : Dr. Douglas Bryan.

Hon. Librarian : Miss Barbara Low.

Members of Council : Dr. John Rickman and Mrs. Riviere.

The Secretary reported that the Society now consisted of twenty-five members, twenty-six associate members, and two honorary members. One member had resigned and one had died ; three associate members had resigned and one was not re-elected ; one honorary member had died.

October 20, 1926. Dr. Jones moved that the meeting should be a memorial meeting for the late Dr. James Glover. This was carried. Dr. Jones then spoke to the memory of the late Dr. Glover and moved that a letter of condolence be sent to Mrs. Glover and one to Dr. Edward Glover. This was seconded by Dr. Bryan and supported by Mr. Flügel, Mrs. Riviere and Dr. Cole. Dr. Jones then asked all present to rise to the memory of the late Dr. Glover. The meeting then terminated.

November 3, 1926. Dr. Jones reported the case of a man aged thirty-five with the mentality of a small child, whom he had only seen on one occasion. The cause assigned for his lack of development was a trauma

associated with his being placed on a hot chamber-pot when he was about one year old. Dr. Bryan, who had seen the patient a few times, also made some comments on the case.

Mrs. Riviere raised the question of the psychical significance of animal parasites.

November 17, 1926. Mrs. Melanie Klein : Some notes from the analysis of a child aged five years showing what kind of ideas were connected with education. The very strong castration complex of Peter was intimately connected with his anal-sadistic component. His education to habits of cleanliness coincided with his mother's next pregnancy. Marked phantasies of stealing children and fæces out of his mother's womb were the cause of his strong feelings of guilt, and anxiety of his being stolen himself. For two years he had had opportunities of observing parental sexual intercourse. At this time he had only partially reached genital primacy. Oral-sadistic (cannibalistic) and anal-sadistic fixations were dominant. His Œdipus-complex became very much connected with those fixations. He changed considerably after the primal scene, falling back into habits of dirtying himself, showing inhibitions of playing, and became very difficult to manage. His neurosis became very distinct. At this time in the analysis he had two dolls (his brother and himself) and made them play with fæces, then his mother comes in, punishes them and takes away the fæces. They then kill the mother and also the father, cut them up and eat them. Then they are free to dirty each other. But the parents come alive again and take them off to ' educate ' them. The parents put them under the sofa, the father cuts the patient's head off, and the mother does the same to the brother, then they cut them up and eat them.

With a less neurotic child, too, educational methods always become connected with the castration complex both in a negative and positive sense. For the first and most important educational measures (weaning and accustoming to habits of cleanliness) are preparing the castration complex and connected with it.

Dr. Ernest Jones read a manuscript which had been submitted to the JOURNAL. It purported to be the spontaneous production of a woman of fifty, and was in effect an emphatic description of a female child's reactions when faced with the usual infantile sexual experiences.

Dr. Sylvia Payne : Notes on a case exhibiting a difficult type of resistance. A girl, twenty-three years of age, with kleptomanic impulses and the compulsion to starve herself. Resistance in the analysis is fostered by the difficulty in verbal expression, material being slowly presented as a result of a laboured form of directed thinking. The will to recovery is almost absent and is replaced by a passive transference which fulfils the phantasy of her infantile mother-fixation, and permits no effort to be made. The relation of the regression to the oral stage to psychic traumata

during the latent period, which resulted in the disturbance of the mother identification, isolation of the father identification, and finally in the establishment of a masochistic perversion relieved by outbreaks of kleptomania.

Dr. Bryan mentioned the case of a youth who was much addicted to beating phantasies, he himself being beaten, and who felt that the beating made him virile and masculine. This feeling of virility seemed to be due to the fact that on being beaten he obtained an erection of the penis and thus became masculine.

December 1, 1926. Miss E. Sharpe: Resistances in a homosexual man. The chief characteristic of his thinking is expressed in the word 'control'. The complete assimilation of the training of the sphincter muscle is repeated in the complete control he exercises over his thoughts, and hence without willing it he finds that his thought-material is classified and arranged. He does not refuse to set aside logical sequences, but finds an extreme difficulty in approximating to the demand in analysis of free, undirected thinking. Such thinking as this represents a 'muddle, a mess'. He externalises his problems, applies his thinking to external things, people, politics, art and literature. Since his object in being analysed is to free his creative imagination, the only chance lies in the modification of his reactions on the anal level made in obedience to and fear of his mother. This modification and the freeing of the phantasies against which his anal reactions form a defence would be a great step in the progress of the analysis.

Change of Address: Mr. Eric Hiller, 39, Ranelagh Gardens Mansions, Hurlingham, S.W. 6.

Douglas Bryan,
Secretary.

DUTCH PSYCHO-ANALYTICAL SOCIETY

Fourth Quarter, 1926

October 2, 1926. Dr. M. Flohil, as a guest of the Society, read a paper in which he discussed the content of a cyclic psychosis, with special regard to a period of manic delirium.

Subsequently there was a short discussion of Stărcke's article in the number of *Imago* devoted to Freud's jubilee.

November 6, 1926. Dr. J. M. Rombouts: Stern's conception of personality. The speaker's aim was to discover points of contact between Stern's philosophical ideas and psycho-analysis. The paper gave rise to a very animated discussion.

Business Meeting: Dr. J. H. W. van Ophuijsen was elected Treasurer.

Frau Dr. J. Lampl de Groot and Dr. J. Knappert resigned from the Society.

Dr. M. Flohil, Oud-Rosenburg, Loosduinen, was elected a member of the Society.

Dr. A. Endtz,
Secretary.

GERMAN PSYCHO-ANALYTICAL SOCIETY

Third and Fourth Quarters, 1926

September 25, 1926. Dr. Alexander: The theory of the obsessional neurosis and of inhibitions arising out of phobias.

October 5, 1926. (*a*) Continuation of the discussion on Dr. Alexander's paper.

(*b*) Miss M. N. Searl (guest of the Society): A case of stammering in a child.

October 12, 1926. Dr. Bernfeld: Some speculations on the subject of telepathy.

October 23, 1926. Dr. Wiesner (guest of the Society): Modern problems of sexual biology.

November 2, 1926. Short communications:

a. Dr. Haas (guest of the Society): Daydreams and perversion.

b. Dr. Fenichel: Report of the First International Congress for Sexual Research.

c. Dr. Sachs: A slip of the tongue.

d. Dr. Müller-Braunschweig: Report of the Third Conference for Members of the Medical and Clerical Professions.

November 9, 1926. Short communications:

a. Dr. Watermann (guest of the Society): Chronic eczema in a person of the obsessional type.

b. Dr. Boehm: Notes from the analysis of a case of depression.

At the Business Meeting Frau Dr. A. Lampl de Groot (Berlin-Dahlem, Strasse 88. b. 2), formerly a member of the Dutch Society, was elected a member of the German Society.

November 27, 1926. Dr. Sachs and Dr. Fenichel: Abstract of Rank's book *Technik der Psychoanalyse.*

December 7, 1926. Short communications:

a. Frl. Dr. Kirschner (guest of the Society): A psycho-analytical consultation for children.

b. Dr. Fenichel: Castration-anxiety as the motive factor in sexual repression.

c. Dr. Sachs: A review of the book entitled *Proverbia judæorum erotica et turpia.*

d. Dr. Simonson: (1) Notes on psychic dynamics. (2) The Œdipus-complex in a three-year-old boy.

December 18, 1926. Frau Dr. Reichmann-Fromm (Heidelberg, guest of the Society): Psycho-analytical interpretation of religious rites.

At the Business Meeting Dr. med. Hans Erich Haas (Cologne) was elected an associate member.

During the Fourth Quarter the Society arranged the following courses of lectures for practitioners and students of psycho-analysis at the Institute (Berlin W. 35. Potzdamerstrasse 29) :

I. Dr. Sándor Radó : Introduction to psycho-analysis. Part I. Position of psycho-analysis in relation to the natural and mental sciences. Principles of psycho-analytical theory and practice. The theory of dreams. The theory of the instincts. The economics of the psyche. Normal psychic development. Structure of the psyche. Points of dependence of the ego. The individual, the family and society. (For medical practitioners and educationalists). Number of lectures : 7. Attendance : 64.

II. Dr. Hans Liebermann : Academic medicine in the light of psycho-analysis. Number of lectures, 6. Attendance, 5.

III. Dr. Jenö Hárnik : Theory of the instincts. Number of lectures : 6. Attendance : 8.

IV. Dr. Otto Fenichel : Psychology of the ego. Part I. (Narcissism ; The ego-ideal ; Identification ; The reality-sense ; Theory of the ego and the instincts). Number of lectures, 6. Attendance, 22.

V. Dr. Felix Boehm : Sketches from psycho-analytical practice Number of lectures : 4. Attendance : 15.

VI. Dr. Karl Müller-Braunschweig : The philosophy of psycho-analysis. Certain scientific and epistemological problems bordering on the study of psycho-analysis. Discussion of first principles, etc. Number of lectures : 5. Attendance : 13.

VII. Dr. Hanns Sachs : Seminars for the discussion of wit and allied problems. (For practitioners and students of psycho-analysis only. Admission by personal application to the lecturer.) Number of lectures : 5. Attendance : 14.

VIII. Dr. Siegfried Bernfeld : Psycho-analytical discussion of certain practical pædagogic problems. (For advanced students of psycho-analysis. Admission by personal application to the lecturer.) Attendance : 37.

IX. Dr. Sándor Radó : Consideration of points of technique. A systematic discussion of problems of psycho-analytic therapy. (For practising analysts, especially for those completing a course of training. Admission by personal application to the lecturer.) Number of lectures : 6, of two hours each. Attendance : 16.

X. Dr. Eitingon and Dr. Simmel : Practical introductory exercises in psycho-analytic therapy. (For students of the Institute only.)

In addition the Society arranged the following public lectures during this quarter :

(1) Dr. Siegfried Bernfeld : The mind and destiny of the educationist.

(2) Dr. Karen Horney : The critical marriage problem of the present day.

Dr. Sándor Radó,
Secretary.

HUNGARIAN PSYCHO-ANALYTICAL SOCIETY

Fourth Quarter, 1926

October 2, 1926. Dr. I. Hermann : Account of Freud's book : *Hemmung, Symptom und Angst.*

October 16, 1926. Clinical communications :

(i.) Dr. M. Bálint : (*a*) A case of psychic impotence. (*b*) Cases of patients attending an out-patient department for gastric diseases.

(ii.) Dr. L. Révész : A crisis in transference.

November 5, 1926. Clinical communications :

(i.) Frau V. Kovács : An oral and narcissistic regression brought about by active intervention.

(ii.) Dr. S. Pfeifer : (*a*) Points which indicate that a course of psycho-analytic treatment should be terminated. (*b*) A case of prothesis fetishism.

November 20, 1926. Dr. L. Révész : Account of Freud's book, *Die Frage der Laienanalyse.*

December 4, 1926. Dr. I. Hermann : The psychology of the projection mechanism in the Schreber case.

Dr. Imre Hermann,
Secretary.

THE INDIAN PSYCHO-ANALYTICAL SOCIETY

MEETINGS

January 30, 1926. Annual General Meeting. The Report for 1925 was accepted and the Council, consisting of the following members, was constituted :

President : Dr. G. Bose.

Members of the Council : Dr. M. N. Sen Gupta, Mr. G. Bora.

Secretary : Mr. M. N. Banerjee.

The meeting recorded its deep sense of grief at the death of Dr. Abraham.

February 5, 1926. The President read a paper on the ' Genesis of Homosexuality.' Many distinguished visitors and medical men attended the meeting and took part in the discussion.

March 28, 1926. Election of Capt. A. G. Barreto, L.M. & S. (Bomb.), M.S., L.P.A. (Nancy), I.M.S., as a member of the Society.

May 9, 1926. Dr. Sarasilal Sarkar read a paper in Bengali on 'Robindranath and the Spinning Wheel.'

September 19, 1926. 'Analysis of Wish,' by the President.

Besides the above meetings, the usual Saturday evening discussions on various psycho-analytic topics were held at the residence of the Presisent. Dr. Suhrit Chandra Mitra, who had been to the Homburg Congress as a representative of the Indian Society, came back about the end of April, 1926.

NEW YORK PSYCHO-ANALYTICAL SOCIETY

Fourth Quarter, 1926

October 26, 1926. This meeting was devoted to a discussion of *Hemmung, Symptom und Angst.* Consideration of the book was divided into three topics:

a. Dr. Stern presented a descriptive survey of the book, consisting of a detailed abstract that gave an excellent condensed account of the material of the text.

b. Dr. Oberndorf discussed the book with special reference to Freud's comments on Rank's theory of the birth trauma, anxiety and neurosogenesis.

c. Dr. Meyer read a critical appreciation of the book, taking up its general significance in psychopathology, its immediate origin, its spirit, its style, its relation to previous anxiety formulations, the implications of advances made in the book, the problems raised by the new orientation, and the book as an example of Freud's scientific method in general.

November 30, 1926. This meeting was devoted to a discussion of Freud's *Die Frage der Laienanalyse.* Dr. Brill read both a descriptive survey and a critical study of the book. He emphasized the remarkable delineation of the psycho-analytic method given in the book. He also reviewed the entire problem of lay analysis, as it has obtained in New York for the many years that he has been associated with the psycho-analytic movement here as its leader. His experiences with lay analysts were hardly of an encouraging nature. A lively discussion ensued, in which all present took part. Dr. Jelliffe also stated that he had found lay analysis not altogether satisfactory after having tried the matter out. A large majority of those present expressed themselves as being opposed to the practice of psycho-analysis for therapeutic purposes by laymen.

December, 1926. Owing to the meeting of the American Psycho-Analytical Association in New York City during this month, the usual December meeting of the New York Psycho-Analytical Society was omitted.

Monroe A. Meyer,
Corresponding Secretary.

N.B.—All future communications should be addressed to Dr. Philip R. Lehrman, 120, Riverside Drive, New York City, U.S.A., who has been appointed Corresponding Secretary for the year 1927.

M. A. M.

First Quarter, 1927

January 25, 1927.

a. Dr. Alexander Lorand : A case of Anxiety-Hysteria in a female subject who manifested the ' horse phobia ' and was of interest in its resemblance to the case of Little Hans.

b. Dr. Abraham Kardiner : A case of Anxiety-Hysteria which was of special interest because of an unusually well-developed phobia, based on oral-sadistic organization and in which very early cannibalistic phantasies were prominent.

At the business session it was moved and seconded that copies of the resolution drawn up by the Educational Committee be sent to the *Zeitschrift* and to the *International Journal* for publication. The resolution, which was adopted by the Society, will be found in this number of the JOURNAL, under the Discussion on Lay Analysis.

The following officers were elected for the year 1927 :

President : Dr. A. A. Brill.

Vice-President : Dr. Monroe A. Meyer.

Secretary-Treasurer : Dr. Abraham Kardiner.

The president appointed

Corresponding Secretary : Dr. Philip R. Lehrman.

February 22, 1927.

a. Dr. A. A. Brill : Annual Address of the President-elect. The brief address exhorted the members to be more productive, stressing the fact that clinical material rather than theoretical was most desirable for this purpose.

b. Dr. H. W. Frink : The Case of Mr. Dudley Stackpole. The speaker prefaced his attempt at psycho-analytic interpretation of a story by Irvin Cobb by suggesting that such material may well lend itself for presentation before non-analytic physicians or medical students to acquaint them with psycho-analytic methods.

At the business session Dr. Thomas H. Haines was elected to membership.

The President appointed Drs. Frink, Oberndorf and Meyer as the Scientific Committee. He also appointed the Educational Committee as follows : Drs. Oberndorf (Chairman), Kardiner, Meyer, Frink, Stern, Jelliffe and Lehrman.

March 29, 1927.

a. Dr. A. Lorand : Dreams as the instigator of Latent Neurosis.

b. Dr. B. Glueck : Psycho-analytic Reflections on Two Homicides.

Dr. Glueck attempted to account in psycho-analytic terms for an atrocious murder of a young boy by two young men of excellent education and station. The material, gathered as it was under the difficulty of a prison environment, was insufficient for a complete psycho-analytic understanding, but nevertheless threw a great deal of light on the sensational murder. The presentation provoked a great deal of discussion, in which Dr. William A. White, of Washington, participated.

At the business session Dr. Wearne's resignation from the society was accepted.

Philip R. Lehrman,
Corresponding Secretary.